

---

## EVALUATOR MANUAL TRANSMITTAL SHEET

---

<b><u>Distribution:</u></b>  ___ All Child Care Evaluator Manual Holders ___ All Residential Care Evaluator Manual Holders <u>X</u> All Evaluator Manual Holders	<b><u>Transmittal No.</u></b> 05APX-01
	<b><u>Date Issued</u></b> January, 2005

**Subject:**

APPENDIX H -

CAREGIVER BACKGROUND CHECK BUREAU (CBCB) AND BACKGROUND  
INFORMATION AND REVIEW SECTION (BIRS) SAMPLE LETTERS

---

**Reason For Change:**

Revise letters 4.1t and 4.11

Add 8 new letters

---

**Filing Instructions:**

- X REMOVE – Letter Table of Contents  
Pages 35 through 38  
Pages 65, 66, 69, 70
- X INSERT – Letter Table of Contents revised 1/05  
Pages 35, 36, 36.1, 37, 37.1, 38  
52.1 through 52.6  
65, 65.1, 65.2, 66, 69, 70

---

**Approved:****Signed by Bill Jordan, Chief**

BILL JORDAN, Chief

Caregiver Background Check Bureau

Community Care Licensing Division

**1/31/05**

Date

Contact Person: Mariahelena Jiménez-Romo

Phone Number: (916) 324-4171

# CBCB SAMPLE LETTER INDEX

CLEARANCES .....	1
-   cbcb 1DSS Clearance	
EXEMPTION NEEDED – PRIOR TO LICENSURE/INITIAL PRESENCE.....	2
-   cbcb 2	
-   cbcb 2FFA	
-   cbcb 2.2 FN	
-   cbcb 2.2	
EXEMPTION NEEDED – SUBSEQUENT TO CLEARANCE OR EXEMPTION .....	12
-   cbcb 2.1	
-   cbcb 2.1FFA	
-   cbcb 3	
-   cbcb 3FFA	
-   cbcb 3.1	
-   cbcb3.1FFA	
APPROVALS .....	30
-   cbcb 4.0	
-   cbcb 4.0 t	
-   cbcb 4.01	
-   cbcb 4.1	
-   cbcb 4.1 t	
-   cbcb 4.11	
-   cbcb 4.11t	
-   cbcb 4.2	
-   cbcb 21	
-   cbcb 21.1	
DENIALS .....	42
-   cbcb 5.0	
-   5.0 Template 1 – denied app	
-   5.0 Template 2 - Revocation	
-   cbcb 5.1	
-   cbcb 5.2	
-   cbcb 5.11	
-   cbcb 5.3	
-   cbcb 5.4	
-   cbcb 22	
INELIGIBLE .....	52
-   cbcb 22.2	
-   Petition for Reinstatement - Field Notice-APP	
-   Petition for Reinstatement - LIC	
-   Petition for Reinstatement -EMP	
-   Petition for Reinstatement -IND	
-   Petition for Reinstatement -IND2	

# **CBCB SAMPLE LETTER INDEX (Continued)**

NON EXEMPTIBLE OFFENSE.....	53
-   cbcb 6.0	
-   6.0 Template 1 – denied app	
-   6.0 Template 2 - Revocation	
-   cbcb 6.1	
-   cbcb 6.1 FFA	
-   cbcb 6.2	
RESCISSION.....	60
-   cbcb 23	
-   cbcb 23 FFA	
-   cbcb 23.1	
-   cbcb 23.2	
-   cbcb 23.5	
CLOSURES .....	65
-   cbcb 9	
-   cbcb 9.1	
-   cbcb 9.2	
-   cbcb 10	
-   cbcb 11	
ACKNOWLEDGEMENT OF APPEAL.....	68
ADDITIONAL INFORMATION NEEDED (AIN).....	69
-   Exemption AIN	
-   Exemption Transfer AIN	
REQUEST FOR JUDGEMENT OF CONVICTION (JOC).....	71
BACKGROUND INFORMATION REVIEW SECTION (BIRS) .....	72
-   BIRS 3 (CCL emp/res/other)	
-   BIRS 4 (CCL emp/res/other)	
-   BIRS 5 (CCL lic/app)	
-   BIRS 6 (CCL lic/app)	
-   BIRS 7c	
FCCH TEMPLATE LETTERS .....	77
-   FCCH Template 1 Non-exemptible	
-   FCCH Template 2 – Felony/Serious Misdemeanor	
-   FCCH County Template 2 – Felony/Serious Misdemeanor	

<<date>>

Facility #  
ID#

<<FacNumber>>  
<<ID>>

<<LicName>>  
<<LicAddress>>  
<<CityStateZip>>

## **Criminal Record Clearance**

This notice is to inform you that the Department has issued <<subject>> a criminal record clearance.

The Department has received information regarding this individual from the Department of Justice. Because the information does not include any criminal conviction that requires an exemption, this individual qualifies for a clearance.

This clearance will remain valid provided the individual is not convicted of any crime other than a minor traffic violation.

<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst#>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

### IMMEDIATE ACTION REQUIRED

Criminal Record Exemption Needed for <<subject>>

This is to notify you that we have received criminal history information on the individual identified above. To allow this individual to work or be present in your facility, you must request a criminal record exemption. This individual cannot work or be present in your facility until an exemption is approved. If this individual is someone other than you, your spouse, or a dependant family member, he/she must continue to be out of your facility until you are notified that his/her exemption has been approved.

**If you do not request an exemption for this individual and you terminate his/her employment or residence because of this notice regarding his/her criminal history, you must immediately tell the individual that he/she has the right to request an individual exemption.** You must ensure that the individual receives the Individual Exemption Request mailed to him/her, in care of your facility. An individual requesting an exemption on his/her own behalf cannot work or be present in the facility.

You must notify us of your decision **within forty five (45) days** of the date of this notice by completing and returning page two to the address above. An exemption, will take at least seventy five (75) days to process after a complete exemption request is received by our office.

Please be aware that criminal record exemptions are public information. Upon request, the Department will release the name of anyone with a criminal record exemption and the name of the facility where the person works or lives. NOTE: This does not apply to Foster Family Homes or Certified Family Homes

*If the subject identified above is you, your spouse or a dependant family member who resides in the facility and you do not request an exemption within forty five (45) days, we will notify your licensing regional office and further action will be taken against your application or license.*

**The individual may obtain a copy of his/her criminal record by writing to: The Department of Justice, Record Review Unit, P.O. Box 903417, Sacramento, California 94203-4170.**

If you have any questions regarding this notice, please write to the address above, attention analyst <<analyst#>> or you may call 888-422-5669.

Immediate Action Required

Facility#      <<subject>>  
Analyst        <<FacNumber>>  
                 <<Analyst#>>

☐ YES - I request an exemption on behalf of the individual named above.

Please attach and send the following items to the Department address at the top of page one within forty five (45) days of the date of this notice. All items listed, with the exception of item #4, must be submitted **or the individual's file will be closed**. Item #4 only applies in cases of informal probation. If the individual's file is closed, he/she must resubmit fingerprints **at an additional cost** to begin the process again.

1. A detailed description of what the individual will be doing at your facility (e.g. duty statement or job description if available).
2. A copy of the individual's Criminal Record Statement (LIC 508), that the individual was required to fill out prior to employment with your facility, and any additional statements regarding his/her criminal record that the individual may have written or signed.
3. A letter signed by the individual describing the events surrounding each conviction including approximate date(s); what happened and why; how it happened; and any other information about the crime. It must also, describe what he/she has done since the conviction ensure he/she will not be further involved in criminal activity. The Caregiver Background Check Bureau may compare the individual's statement with the LIC 508, police reports and court documents.
4. Documentation (Minute Order, court issued Judgment of Conviction or a letter from Probation Department) indicating that the individual's current or last period of probation was informal.
5. Written verification of any training classes, courses, treatment or counseling sessions completed.
6. Three (3) signed character reference statements on behalf of the individual. Reference statements must be on a reference request form (LIC 301E). A copy is attached. You may photo copy the form or obtain more copies from the licensing website at [http://www.dss.cahwnet.gov/cdssweb/On-lineFor\\_293.htm#l](http://www.dss.cahwnet.gov/cdssweb/On-lineFor_293.htm#l). Reference statements must be current and cannot be from relatives or family members of the individual, employees or clients associated with your facility.
7. The complete, current mailing address and telephone number of the individual. The individual must notify the Department within five (5) days of any change.
8. A copy of all police reports involving the crime(s) for which the individual was convicted, or a letter from law enforcement stating that a report no longer exists.

☐ NO – I do not request an exemption for the individual named above, ID #<<ID>>. This individual's employment or residency was terminated on \_\_\_\_\_. Please disassociate this individual from my facility.

I certify that the individual has been given the Individual Exemption Request notice.

---

Please return this page within forty five (45) days from the date of this notice.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

(\_\_\_\_\_)\_\_\_\_\_  
Telephone Number

<<date>>

Facility# <<subject>>  
Analyst <<FacNumber>>  
<<Analyst#>>

<<subject>>  
c/o<<LicName>>  
<<LicAddress>>  
<<CityStateZip>>

### **INDIVIDUAL EXEMPTION REQUEST**

This is to notify you that we have received criminal history information concerning you. To work or be present in a licensed facility, you must obtain a criminal record exemption. The licensee/applicant was notified that in order for you to work or be present in the facility, he/she must request a criminal record exemption for you. If the licensee/applicant does not request an exemption for you and terminates your employment or residency because of the notification we provided regarding your criminal history, you have a right to request an exemption on your own behalf. You cannot work or be present in any licensed facility until an exemption has been granted.

To request a criminal record exemption, please complete and return this notice, along with the items listed below, **within forty five (45) days** of the date of this notice to the address above. If you request an exemption, it may take at least seventy-five (75) days to process after a complete exemption request is received by our office.

Please be aware that criminal record exemptions are public information. Upon request, the Department will release the name of anyone with a criminal record exemption and the name of the facility where the person works or lives. NOTE: This does not apply to Foster Family Homes or Certified Family Homes.

All of the items listed, with the exception of item #2, must be submitted or your file **will be closed**. Item #2 only applies in cases of informal probation. If your file is closed you cannot work or be present in any licensed facility.

1. A signed letter describing the events surrounding each conviction including approximate date(s); what happened and why; how it happened; and any other information about the crime. Also, describe what you have done since the conviction to prevent you from being involved in this type of activity again. The Caregiver Background Check Bureau may compare your statement with police reports and court documents.
2. Documentation (Minute Order, a court issued Judgment of Conviction or a letter from the Probation Department) indicating that your current or last period of probation was informal.
3. Written verification of any training, classes/courses, treatment or counseling sessions completed.

Immediate Action Required

<<subject>>  
Facility# <<FacNumber>>  
Analyst <<Analyst#>>

4. Three (3) signed character reference statements on your behalf. Reference statements must be on a reference request form (LIC 301E). A copy is attached. You may photo copy the form or obtain more copies from the Licensing website at [http://www.dss.cahwnet.gov/cdssweb/On-lineFor\\_293.html](http://www.dss.cahwnet.gov/cdssweb/On-lineFor_293.html). Reference statements must be current and cannot be from your relatives or family members.
5. A copy of all police reports involving the crime(s) for which you were convicted, or a letter from law enforcement stating that a report no longer exists.

**You may obtain a copy of your criminal record by writing to: The Department of Justice, Record Review Unit, P.O. Box 903417, Sacramento, CA 94203-4170.**

If you have any questions regarding this notice, please write to the Department address at the top of page one, attention analyst <<analyst>> or you may call 888-422-5669.

---

The licensee/applicant did not request an exemption for me. My employment or residency was terminated on \_\_\_\_\_. I am requesting an exemption on my own behalf.

(\_\_\_\_) \_\_\_\_\_  
Your Telephone Number                      Your Complete Mailing Address, Including Zip Code  
*You must notify the Department within five (5) days of any change to your telephone number or address.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



<<date>>

Facility #      <<FacNumber>>  
ID#              <<ID>>  
Analyst         <<Analyst>>

<<LicName>>  
<<LicAddress>>  
<<CityStateZip>>

## **IMMEDIATE ACTION REQUIRED**

Criminal Record Exemption Needed for <<subject>>

This is to notify you that we have received criminal history information on the individual identified above. If you want this individual to continue to be associated with your Foster Family Agency and have children placed in his/her home, you must request a criminal record exemption.

You must notify us of your decision **within forty five (45) days** of the date of this notice by completing and returning page two to the address above. If we do not receive your response within forty five (45) days, we will notify your licensing regional office that children cannot be placed in this home and the individual is not allowed to be in or associated with any foster home certified by your agency.

If you request an exemption, it may take at least seventy five (75) days to process after a complete exemption request is received by this office. If you do not request an exemption, this individual cannot be a certified foster parent or be present in any foster home certified by your agency.

**The individual may obtain a copy of his/her criminal record by writing to: The Department of Justice, Record Review Unit, P.O. Box 903417, Sacramento, California, 94203-4170.**

If you have any questions regarding this notice, please write to the address above, attention analyst <<analyst>> or you may call 888-422-5669.

☐ **YES** - I request an exemption on behalf of the individual named above.

Please attach and send the items listed to the Department address at the top of page one within forty five (45) days of the date of this notice. All items listed, with the exception of item #4, must be submitted **or the individual's file will be closed**. Item #4 only applies in cases of informal probation. If the individual's file is closed, must resubmit fingerprints **at an additional cost** to begin the process again.

1. A detailed description of what the individual will be doing in the home (e.g. duty statement or job description if available).
2. A copy of the individual's Criminal Record Statement (LIC 508), that the individual was required to fill out as part of the certification application, and any additional statements regarding his/her criminal record that the individual may have written or signed.
3. A letter signed by the individual describing the events surrounding each conviction including approximate date(s); what happened and why; how it happened; and any other information about the crime. It must also, describe what he/she has done since the conviction to prevent him/her from being involved in this type of activity again. The Caregiver Background Check Bureau may compare the individual's statement with the LIC 508, police reports and court documents.
4. Documentation (Minute Order, a court issued Judgment of Conviction or a letter from the Probation Department) indicating that the individual's current or last period of probation was informal.
5. Written verification of any training, classes, courses, treatment or counseling sessions completed.
6. Three (3) signed character reference statements on behalf of the individual. Reference statements must be on a reference request form (LIC 301E). A copy is attached. You may photo copy the form or obtain more copies from the Licensing website at [http://www.dss.cahwnet.gov/cdssweb/OnlineFor\\_293.htm#](http://www.dss.cahwnet.gov/cdssweb/OnlineFor_293.htm#). Reference statements must be current and cannot be from relatives or family members of the individual, employees or clients associated with your facility.
7. The complete, current mailing address and telephone number of the individual. The individual must notify the Department within five (5) days of any change.
8. A copy of all police reports involving the crime(s) for which the individual was convicted, or a letter from law enforcement stating that a report no longer exists.

☐ **NO** – I do not request an exemption for the individual named above, ID# <<ID>>. Please disassociate this individual from this agency. I certify that the children in this home have been removed and no children will be placed in this home.

---

Please return this page within forty five (45) days from the date of this notice.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

(\_\_\_\_\_)\_\_\_\_\_  
Telephone Number

<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst>>

TO: <<Regional Office Manager>>

<<RO#>>

<<LPA#>>

FROM: Caregiver Background Check Bureau  
MS 19-62

SUBJECT: Felony/Serious/Violent Misdemeanor Conviction for <<subject>>

This notice is to inform you that we have received a criminal history transcript (rap sheet) for the individual identified above that contains the following conviction(s):

---

---

---

---

---

As you know, individuals with felony, serious or violent misdemeanor conviction(s) must be immediately removed from the facility. However, because this individual is either the applicant/licensee or a spouse/dependant family member that resides in the facility, the individual cannot be removed.

Before we contact the applicant/licensee, please let us know if you are either going to deny the application, issue a Temporary Suspension Order, or allow the facility to remain open while the individual goes through the exemption process. Your decision will determine whether we send the applicant/licensee an exemption needed notice or default to your action on the application or license.

We have attached a response form for your convenience. Please fax the response form, **within five (5) working days**, to (916) 274-6205. If you have any questions or need additional information please call analyst <<analyst>> at (916) 274-6200.

Field Notification

Page 2

Date: \_\_\_\_\_

Facility# <<FacNumber>>  
ID# <<ID>>  
Analyst <<Analyst>>

TO: Caregiver Background Check Bureau  
MS 19-62  
Fax # (916) 274-6205

FROM: Regional Office # \_\_\_\_\_  
LPA \_\_\_\_\_

SUBJECT: Felony/Serious/Violent Misdemeanor Conviction for <<subject>>

- ☐ The Regional Office is in the process of denying the pending license application of the facility noted above. Do not send a notice to the applicant advising him/her that a criminal record exemption is needed for the individual identified above. The legal division will inform CBCB of the final disposition.
- ☐ The Regional Office is in the process of revoking the license or issuing a TSO to close the facility noted above. Do not send a notice to the licensee advising him/her that a criminal record exemption is needed for the individual identified above. The legal division will inform CBCB of the final disposition.
- ☐ The Regional Office is not taking any administrative action on the facility noted above. You may send a notice to the applicant/licensee advising him/her that a criminal record exemption is needed for the individual identified above.

Person completing this form: \_\_\_\_\_

Telephone #: (    ) \_\_\_\_\_

Date: \_\_\_\_\_

<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst#

<<Analyst>>

<<FacName>>

<<FacAddress>>

<<CityStateZip>>

## IMMEDIATE ACTION REQUIRED

Criminal Record Exemption Needed for <<subject>>

This is to notify you that we received criminal record information on the individual identified above. This means that your license application will be denied or your license will be revoked unless the individual identified above receives a criminal record exemption.

To request an exemption, you must submit the items listed below to the address above **within forty five (45) days** of the date of this notice. If this individual is your spouse or dependent family member and you do not wish to request an exemption for him/her, please explain why in the space provided on page two. If this individual is you, you must request an exemption to obtain or maintain a community care license.

Your licensing regional office has been notified of this situation. If we do not receive the information outlined below within forty five (45) days, action will be taken against your application or license. If you request an exemption, it will take at least seventy five (75) days to process after a complete exemption request is received by our office.

All items listed, with the exception of item #2, must be submitted or the individual's file **will be closed**. Item #2 only applies in cases of informal probation. If the file is closed, the individual identified above cannot work or be present in any licensed facility.

1. A signed statement describing the events surrounding each conviction including approximate date(s); what happened and why; how it happened; and any other information about the crime. It must also, describe what the individual has done since the conviction to prevent him/her from being involved in this type of activity again. The Caregiver Background Check Bureau will compare the statement with the Criminal Record Statement (LIC 508) the individual completed as a part of your license application, police reports and court documents.
2. Documentation (Minute Order, a court issued Judgment of Conviction or a letter from the Probation Department) indicating that the individual's current or last period of probation was informal.

3. Written verification of any training, classes, courses, treatment or counseling sessions completed.
4. Three (3) signed character reference statements on behalf of the individual. Reference statements must be on a reference request form (LIC 301E). A copy is attached. You may photo copy the form or obtain more copies from the Licensing website at [http://www.dss.cahwnet.gov/cdssweb/On-lineFor\\_293.htm#](http://www.dss.cahwnet.gov/cdssweb/On-lineFor_293.htm#). Reference statements must be current and cannot be from relatives or family members of the individual, employees or clients associated with your facility.
5. A copy of all police reports involving the crime(s) for which you were convicted, or a letter from law enforcement stating that the report no longer exists.

Please be aware that criminal record exemptions are public information. Upon request, the Department will release the name of anyone with a criminal record exemption and the name of the facility where the person works or lives. NOTE: This does not apply to Foster Family Homes or Certified Family Homes.

**The individual identified above may obtain a copy of his/her criminal record by writing to: The Department of Justice, Record Review Unit. P.O. Box 903417, Sacramento, California 94203-4170.**

If you have any questions regarding this notice, please write to the address above, attention analyst <<analyst>> or you may call 888-422-5669.

---

I am not requesting a criminal record exemption for my spouse or family member for the following reason(s).

---

---

---

---

---

_____	_____	(____)_____
Date	Signature	Telephone Number

<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst#>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

**ALERT – ADDITIONAL CRIMINAL HISTORY FOR  
<<SUBJECT>>**

This is to notify you that we have received additional or subsequent criminal history information for the individual identified above. This means that the individual no longer has a criminal record clearance or that the individual's previous criminal record exemption will be re-evaluated. To allow this individual to continue to work or be present in your facility, you must request a criminal record exemption for the additional or subsequent crimes.

If you do not request an exemption, you must immediately remove the individual from the facility. If you terminate his/her employment or residency because of this notice regarding his/her criminal history, you must immediately tell the individual that he/she has the right to request an individual exemption. You must ensure that the individual receives the Individual Exemption Request mailed to him/her, in care of your facility. An individual requesting an exemption on his/her own behalf, cannot work or be present in the facility. If you are a licensee of a Family Child Care Home, you are also required to notify parents of children currently in care that this individual has been excluded from your home. Use the enclosed Addendum To Notification of Parent's Rights (LIC 995B) for this purpose.

You must notify us of your decision **within forty five (45) days** from the date of this notice or this case will be closed or denied and the individual will not be allowed to be in or associated with your facility. An exemption will take at least seventy five (75) days to process after a complete exemption request is received by our office. Check one of the options on page two and return the notice to the address above or fax it to (916) 274-6205.

Please be aware that criminal record exemptions are public information. Upon request, the Department will release the name of anyone with a criminal record exemption and the name of the facility where the person works or lives. NOTE: This does not apply to Foster Family Homes or Certified Family Homes.

**The individual may obtain a copy of his/her criminal record by writing to: The Department of Justice, Record Review Unit, P.O. Box 903417, Sacramento, CA 94203-4170.**

*If the subject identified above is you, your spouse or a dependant family member who resides in the facility and you do not request an exemption within forty five (45) days, we will notify your licensing regional office and further action will be taken against your application or license.*

If you have any questions regarding this notice, you may write to the address above, attention analyst <<analyst>> or you may call 888-422-5669.

Additional Criminal History

Facility#      <<subject>>  
Analyst        <<FacNumber>>  
                 <<Analyst#>>

☐ **YES** - I request an exemption on behalf of the individual named above.

Please attach and send the following items to the Department address at the top of page one within forty-five (45) days of the date of this notice. All items listed, with the exception of item #4, must be submitted **or the individual's file will be closed**. Item #4 only applies in cases of informal probation. If the individual's file is closed, he/she must resubmit fingerprints **at an additional cost** to begin the process again.

1. A detailed description of what the individual will be doing at your facility (e.g. duty statement or job description is available).
2. A copy of the individual's Criminal Record Statement (LIC 508), that the individual was required to fill out prior to employment with your facility, and any additional statements regarding his/her criminal record that the individual may have written or signed.
3. A letter signed by the individual describing the events surrounding each conviction including approximate date(s); what happened and why; how it happened; and any other information about the crime. It must also, describe what he/she has done since the conviction to ensure he/she will not be further involved in criminal activity. The Caregiver Background Check Bureau may compare the individual's statement with the LIC 508, police reports and court documents.
4. Documentation (Minute Order, court issued Judgment of Conviction or a letter from the Probation Department) indicating that the individual's current or last period of probation was informal.
5. Written verification of any training, classes, courses, treatment or counseling sessions completed.
6. Three (3) signed character reference statements on behalf of the individual. Reference statements must be on a reference request form (LIC 301E). A copy is attached. You may photo copy the form or obtain more copies from the Licensing website at [http://www.dss.cahwnet.gov/cdssweb/OnlineFor\\_293.htm#](http://www.dss.cahwnet.gov/cdssweb/OnlineFor_293.htm#) . Reference statements must be current and cannot be from relatives or family members of the individual, employees or clients associated with your facility.
7. The complete, current mailing address and telephone number of the individual. The individual must notify the Department within five (5) days of any change.
8. A copy of all police reports involving the crime(s) for which the individual was convicted, or a letter from law enforcement stating that a report no longer exists.

☐ **NO** – I do not request an exemption for the individual named above, ID #<<ID>>.

This individual's employment or residency was terminated on \_\_\_\_\_. Please disassociate this individual from my facility. I certify that the individual has been given the Individual Exemption Request notice.

---

Please return this page within forty five (45) days from the date of this notice.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

( ) \_\_\_\_\_  
Telephone Number



Additional Criminal History

<<date>>

Facility#      <<subject>>  
Analyst        <<FacNumber>>  
                 <<Analyst#>>

<<subject>>  
c/o<<LicName>>  
<<LicAddress>>  
<<CityStateZip>>

## INDIVIDUAL EXEMPTION REQUEST

Additional Criminal History

This is to notify you that we have received additional or subsequent criminal history information concerning you. This means that you no longer have a criminal record clearance or that your existing exemption will be re-evaluated.

The licensee/applicant was notified that in order for you to continue to work or be present in the facility, he/she must request a criminal record exemption for you for the additional or subsequent crimes. If the licensee/applicant does not request an exemption for you and terminates your employment or residency because of the notification we provided regarding your additional criminal history, you have a right to request an exemption on your own behalf.

To request a criminal record exemption, please complete and return this notice, along with the information listed below, **within forty five (45) days** of the date of this notice to the address above or fax it to (916) 274-6205. If you request an exemption, it may take at least seventy five (75) days to process after a complete exemption request is received by our office.

Please be aware that criminal record exemptions are public information. Upon request, the Department will release the name of anyone with a criminal record exemption and the name of the facility where the person works or lives. NOTE: This does not apply to Foster Family Homes or Certified Family Homes.

All items listed, with the exception of Item #2, must be submitted or your file **will be closed**. Item #2 only applies in cases of informal probation. If your file is closed, you cannot work or be present in any licensed facility.

1. A signed letter describing the events surrounding each conviction including approximate date(s); what happened and why; how it happened; and any other information about the crime. Also, describe what you have done since the conviction to prevent you from being involved in this type of activity again. The Caregiver Background Check Bureau may compare your statement with police reports and court documents.
2. Documentation (Minute Order, a court issued Judgment of Conviction or a letter from the Probation Department) indicating that your current or last period of probation was informal.

Additional Criminal History

Facility#      <<subject>>  
Analyst        <<FacNumber>>  
                 <<Analyst#>>

3. Written verification of any training, classes/courses, drug/alcohol treatment or counseling sessions completed.
4. Three (3) signed character reference statements on your behalf. Reference statements must be on a reference request form (LIC 301E). A copy is attached. You may photo copy the form or obtain more copies from the Licensing website at [http://www.dss.cahwnet.gov/cdssweb/OnlineFor\\_293.htm#l](http://www.dss.cahwnet.gov/cdssweb/OnlineFor_293.htm#l) . Reference statements must be current and cannot be from your relatives or family members.
5. A copy of all police reports involving the crime(s) for which you were convicted, or a letter from law enforcement stating that the report no longer exists.

**You may obtain a copy of your criminal record by writing to: The Department of Justice, Record Review Unit, P.O. Box 903417, Sacramento, CA 94203-4170.**

If you have any questions regarding this notice, you may write to the address above, attention analyst <<analyst>> or you may call 888-422-5669.

---

The licensee/applicant did not request an exemption for me. My employment or residency was terminated on \_\_\_\_\_. I am requesting an exemption on my own behalf.

(\_\_\_\_\_) \_\_\_\_\_  
Your Telephone Number      Your complete Mailing Address, Including Zip Code  
*You must notify the Department within five (5) days of any change to your telephone number or address.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

**ALERT – ADDITIONAL CRIMINAL HISTORY FOR  
<<SUBJECT>>**

This is to notify you that we have received additional or subsequent criminal history information for the individual identified above. This means that the individual no longer has a criminal record clearance or that the individual's previous criminal record exemption will be re-evaluated.

If you want this individual to continue to be associated with your agency and/or continue to have children placed in the certified home, you must request a criminal record exemption for the additional or subsequent crimes. **If you do not request an exemption, children must be immediately removed from the home.**

You must notify us of your decision **within forty five (45) days** from the date of this notice. Please check one of the options below and return the letter to the address above or fax it to (916) 274-6205. If you request an exemption, it may take at least seventy five (75) days to process after a complete exemption request is received by our office. If we do not receive your response within forty five (45) days, the case will be closed and the individual will not be allowed to have children placed in his/her home or to be in or associated with your agency or any certified home. We will also notify the licensing regional office of that action. If you have any questions regarding this notice, you may write to the address above, attention analyst <<analyst>> or you may call 888-422-5669.

**The individual may obtain a copy of his/her criminal record by writing to: The Department of Justice, Record Review Unit, P.O. Box 903417, Sacramento, CA 94203-4170.**

☐ **YES** - I request an exemption on behalf of the individual named above.

Please attach and send the following items to the Department address at the top of page one within forty five (45) days of the date of this notice. All items listed, with the exception of item #4, must be submitted **or the individual's file will be closed**. Item #4 only applies in cases of informal probation. If the individual's file is closed, he/she must resubmit fingerprints **at an additional cost** to begin the process again.

1. A detailed description of what the individual will be doing in the home. (e.g. duty statement or job description if available).
2. A copy of the individual's Criminal Record Statement (LIC 508), that the individual was required to fill out as part of the certification application, and any additional statements regarding his/her criminal record that the individual may have written or signed.
3. A letter signed by the individual describing the events surrounding each conviction including approximate date(s); what happened and why; how it happened; and any other information about the crime. It must also, describe what he/she has done since the conviction to prevent him/her from being involved in this type of activity again. The Caregiver Background Check Bureau may compare the individual's statement with the LIC 508, police reports and court documents.
4. Documentation (Minute Order, a court issued Judgment of Conviction or a letter from the Probation Department) indicating that the individual's current or last period of probation was informal.
5. Written verification of any training, classes, courses, treatment or counseling sessions completed.
6. Three (3) signed character reference statements on behalf of the individual. Reference statements must be on a reference request form (LIC 301E). A copy is attached. You may photo copy the form or obtain more copies from the Licensing website at [http://www.dss.cahwnet.gov/cdssweb/On-lineFor\\_293.htm#](http://www.dss.cahwnet.gov/cdssweb/On-lineFor_293.htm#). Reference statements must be current and cannot be from relatives or family members of the individual, employees or clients associated with your facility.
7. The complete, current mailing address and telephone number of the individual. The individual must notify the Department within five (5) days of any change.
8. A copy of all police reports involving the crime(s) for which the individual was convicted, or a letter from law enforcement stating that a report no longer exists.

☐ **NO** – I do not request an exemption for the individual named above, ID# <<ID>>. Please disassociate this individual from this agency. I certify that the children in this home have been removed and no children will be placed in this home.

---

Please return this page within forty five (45) days from the date of this notice.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

( ) \_\_\_\_\_  
Telephone Number

<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst#>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

### IMMEDIATE ACTION REQUIRED

Criminal Record Exemption Needed for <<subject>>

This is to notify you that we have received criminal history information for the individual identified above. This means that the individual no longer has a criminal record clearance.

Due to the nature of the criminal history information, **this individual must be immediately removed from your facility.** If you are a licensee of a Family Child Care Home, you are also required to notify parents of children currently in care that this individual has been removed from your home. Use the enclosed Addendum To Notification of Parent's Rights (LIC 995B) for this purpose.

To allow this individual to work or be present in your facility you must request an exemption for him/her within forty five (45) days of the date of this notice by completing and returning page two to the address above. This individual cannot return to the facility until an exemption is approved.

**If you do not request an exemption for this individual and you terminate his/her employment or residency because of this notice regarding his/her criminal history, you must immediately tell the individual that he/she has the right to request an individual exemption.** You must ensure that the individual receives the Individual Exemption Request mailed to him/her, in care of your facility. An individual requesting an exemption on his/her own behalf cannot work or be present in the facility.

If you do not complete and return page two of this notice within forty five (45) days, we will notify your licensing regional office that the individual is not allowed to be in or associated with your facility. An exemption will take at least seventy five (75) days to process after a complete exemption request is received by our office.

Please be aware that criminal record exemptions are public information. Upon request, the Department will release the name of anyone with a criminal record exemption and the name of the facility where the person works or lives. NOTE: This does not apply to Foster Family Homes or Certified Family Homes.

**The individual may obtain a copy of his/her criminal record by writing to: The Department of Justice, Record Review Unit, P.O. Box 903417, Sacramento, California 94203-4170.**

If you have any questions regarding this notice, please write to the address above, attention analyst <<analyst#>> or you may call 888-422-5669.

Facility#      <<subject>>  
Analyst        <<FacNumber>>  
                 <<Analyst#>>

☐ **YES** - I request an exemption on behalf of the individual named above.

Please attach and send the following items to the Department address at the top of on page one within forty-five (45) days of the date of this notice. All items listed, with the exception of item #4, must be submitted **or the individual's file will be closed**. Item #4 only applies in cases of informal probation. If the individual's file is closed, he/she must resubmit fingerprints **at an additional cost** to begin the process again.

1. A detailed description of what the individual will be doing at your facility (e.g. duty statement or job description available).
2. A copy of the individual's Criminal Record Statement (LIC 508), that the individual was required to fill out prior to employment with your facility, and any additional statements regarding his/her criminal record that the individual may have written or signed.
3. A letter signed by the individual describing the events surrounding each conviction including approximate date(s); what happened and why; how it happened; and any other information about the crime. It must also, describe what he/she has done since the conviction to ensure he/she will not be further involved in criminal activity. The Caregiver Background Check Bureau may compare the individual's statement with the LIC 508, police reports and court documents.
4. Documentation (Minute Order, a court issued Judgment of Conviction or a letter from the Probation Department) indicating that the individual's current or last period of probation was informal.
5. Written verification of any training, classes, courses, treatment or counseling sessions completed.
6. Three (3) signed character reference statements on behalf of the individual. Reference statements must be on a reference request form (LIC 301E). A copy is attached. You may photo copy the form or obtain more copies from the Licensing website at [http://www.dss.cahwnet.gov/cdssweb/On-lineFor\\_293.htm#l](http://www.dss.cahwnet.gov/cdssweb/On-lineFor_293.htm#l). Reference statements must be current and cannot be from relatives or family members of the individual, employees or clients associated with your facility.
7. The complete, current mailing address and telephone number of the individual. The individual must notify the Department within five (5) days of any change.
8. A copy of all police reports involving the crime(s) for which the individual was convicted, or a letter from law enforcement stating that a report no longer exists.

☐ **NO** – I do not request an exemption for the individual named above, ID #<<ID>>. This individual's employment or residency was terminated on \_\_\_\_\_. Please disassociate this individual from my facility. I certify that the individual has been given the Individual Exemption Request notice.

---

Please return this page within forty five (45) days from the date of this notice.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

( ) \_\_\_\_\_  
Telephone Number

Immediate Action Required

Facility#      <<subject>>  
Analyst        <<FacNumber>>  
                 <<Analyst#>>

<<date>>

<<subject>>  
c/o<<LicName>>  
<<LicAddress>>  
<<CityStateZip>>

### INDIVIDUAL EXEMPTION REQUEST

This is to notify you that we have received criminal history information concerning you. This means that you no longer have a criminal record clearance. To work or be present in a licensed facility, you must obtain a criminal record exemption. The licensee/applicant was notified that in order for you to continue to work or be present in the facility, he/she must request a criminal record exemption for you. If the licensee/applicant does not request an exemption for you and terminates your employment or residency because of the notification we provided regarding your criminal history, you have a right to request an exemption on your own behalf.

To request an exemption, complete and return this notice, along with the items listed below, **within forty five (45) days** of the date of this notice to the address above. If you request an exemption, it may take at least seventy five (75) days to process after a complete exemption request is received by our office. **You may not work or be present in any licensed facility until you receive a criminal record exemption.** Please be aware that criminal record exemptions are public information. Upon request, the Department will release the name of anyone with a criminal record exemption and the name of the facility where the person works or lives. NOTE: This does not apply to Foster Family Homes or Certified Family Homes.

All items listed, with the exception of item #2, must be submitted or your **file will be closed**. Item #2 only applies in cases of informal probation. If your file is closed, you cannot work or be present in any licensed facility.

1. A signed letter describing the events surrounding each conviction including approximate date(s); what happened and why; how it happened; and any other information about the crime. Also, describe what you have done since the conviction to prevent you from being involved in this type of activity again. The Caregiver Background Check Bureau may compare your statement with police reports and court documents.
2. Documentation (Minute Order, a court issued Judgment of Conviction or a letter from the Probation Department) indicating that your current or last period of probation was informal.
3. Written verification of any training or classes, courses, treatment or counseling sessions completed.

Immediate Action Required

Facility#      <<subject>>  
Analyst        <<FacNumber>>  
                 <<Analyst#>>

4. Three (3) signed character reference statements on your behalf. Reference statements must be on a reference request form (LIC 301E). A copy is attached. You may photo copy the form or obtain more copies from the Licensing website at [http://www.dss.cahwnet.gov/cdssweb/On-lineFor\\_293.htm#I](http://www.dss.cahwnet.gov/cdssweb/On-lineFor_293.htm#I). Reference statements must be current and cannot be from your relatives or family members.
5. A copy of all police reports involving the crime(s) for which you were convicted, or a letter from law enforcement stating that the report no longer exists.

**You may obtain a copy of your criminal record by writing to: The Department of Justice, Record Review Unit, P.O. Box 903417, Sacramento, CA 94203-4170.**

If you have any questions regarding this notice, you may write to the address above, attention analyst <<analyst>> or you may call 888-422-5669.

---

The licensee/applicant did not request an exemption for me. My employment or residency was terminated on \_\_\_\_\_. I am requesting an exemption on my own behalf.

(\_\_\_\_) \_\_\_\_\_  
Your Telephone Number                      Your Complete Mailing Address, Including Zip Code

*Notify the Department within five (5) days of any change to your telephone number or address.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

## IMMEDIATE ACTION REQUIRED

Criminal Record Exemption Needed for <<subject>>

This is to notify you that we have received criminal history information on the individual identified above. This means that the individual no longer has a criminal record clearance. Due to the nature of the criminal history information, **children currently in placement must be immediately removed** from the home.

If you want this individual to continue to be associated with your Foster Family Agency and have children placed in his/her home, you must request a criminal record exemption. Please be aware that children cannot return to this home until an exemption is approved.

To request an exemption complete and return page two, to the address above, **within forty five (45) days** of the date of this notice. If you request an exemption, it may take at least seventy five (75) days to process after a complete exemption request is received by our office. If we do not receive your response within forty five (45) days, we will notify your licensing regional office that children cannot be placed in this home and the individual is not allowed to be in or associated with any foster home certified by your agency.

**The individual may obtain a copy of his/her criminal record by writing to: The Department of Justice, Record Review Unit, P.O. Box 903417, Sacramento, California 94203-4170.**

If you have any questions regarding this notice, please write to the address above, attention analyst <<analyst>> or you may call 888-422-5669.

☐ **YES** - I request an exemption on behalf of the individual named above.

Please attach and send the following items to the Department address at the top of on page one within forty five (45) days of the date of this notice. All items listed, with the exception of item #4, must be submitted **or the individual's file will be closed**. Item #4 only applies in cases of informal probation. If the individual's file is closed, he/she must resubmit fingerprints **at an additional cost** to begin the process again.

1. A detailed description of what the individual will be doing in the home (e.g. duty statement or job description available).
2. A copy of the individual's Criminal Record Statement (LIC 508), that the individual was required to fill out as part of the certification application, and any additional statements regarding his/her criminal record that the individual may have written or signed.
3. A letter signed by the individual describing the events surrounding each conviction including approximate date(s); what happened and why; how it happened; and any other information about the crime. It must also, describe what he/she has done since the conviction to prevent him/her from being involved in this type of activity again. The Caregiver Background Check Bureau may compare the individual's statement with the LIC 508, police reports and court documents.
4. Documentation (Minute Order, a court issued Judgment of Conviction or a letter from the Probation Department) indicating that the individual's current or last period of probation was informal.
5. Written verification of any training, classes, courses, treatment or counseling sessions completed.
6. Three (3) signed character reference statements on behalf of the individual. Reference statements must be on a reference request form (LIC 301E). A copy is attached. You may photo copy the form or obtain more copies from the Licensing website at [http://www.dss.cahwnet.gov/cdssweb/OnlineFor\\_293.htm#l](http://www.dss.cahwnet.gov/cdssweb/OnlineFor_293.htm#l). Reference statements must be current and cannot be from relatives or family members of the individual, employees or clients associated with your facility.
7. The complete, current mailing address and telephone number of the individual. The individual must notify the Department within five (5) days of any change.
8. A copy of all police reports involving the crime(s) for which the individual was convicted, or a letter from law enforcement stating that a report no longer exists.

☐ **NO** – I do not request an exemption for the individual named above, ID# <<ID>>. Please disassociate this individual from this agency. I certify that the children in this home have been removed and no children will be placed in this home.

---

Please return this page within forty five (45) days from the date of this notice.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

(\_\_\_\_\_)\_\_\_\_\_  
Telephone Number

<<date>>

Facility# <<FacNumber>>  
ID# <<ID>>  
Analyst <<Analyst#>>

<<LicName>>  
<<LicAddress>>  
<<CityStateZip>>

**ALERT – ADDITIONAL CRIMINAL HISTORY FOR  
<<SUBJECT>>**

This is to notify you that we have received additional or subsequent criminal history information for the individual identified above. This means that the previous exemption will be re-evaluated and an exemption for the additional or subsequent conviction(s) is required.

**Due to the nature of the subsequent criminal record information, this individual must be immediately removed from your facility. Use the Confirmation of Removal for (LIC 300A) to confirm that you have removed this individual.** If you are a licensee of a Family Child Care Home, you are also required to notify parents of children currently in care that this individual has been removed from your home. Use the enclosed Addendum to Notification of Parent's Rights (LIC 995B) for this purpose.

To allow this individual to work or be present in your facility you must request an exemption for him/her within thirty (30) days from the date of this notice by completing and returning page two to the address above or fax it to (916) 274-6205. This individual cannot return to the facility until an exemption is approved.

**If you do not request an exemption, for this individual and you terminate his/her employment or residency because of this notice regarding his/her criminal history, you must immediately tell the individual that he/she has a right to request an individual exemption.** You must ensure that the individual receives the individual Exemption Request mailed to him/her, in care of your facility. An individual requesting an exemption on his/her own behalf cannot work or be present in the facility.

If you do not complete and return page two of this notice **within thirty (30) days**, the previous exemption will be rescinded and the individual will not be allowed to be in or associated with your facility. An exemption will take at least forty five (45) days to process after a complete exemption request is received by our office.

Please be aware that criminal record exemptions are public information. Upon request, the Department will release the name of anyone with a criminal record exemption and the name of the facility where the person works or lives. NOTE: This does not apply to Foster Family Homes or Certified Family Homes.

**The individual may obtain a copy of his/her criminal record by writing to: The Department of Justice, Record Review Unit, P.O. Box 903417, Sacramento, CA 94203-4170.**

If you have any questions regarding this notice, you may write to the Department address at the top of page one, attention analyst <<analyst#>> or you may call 888-422-5669.

---

To request an exemption, all items listed, with the exception of item #2, must be submitted or the individual's file will be closed. Item #2 only applies in cases of informal probation. If the individual's file is closed, he/she must resubmit fingerprints, **at an additional cost**, to begin the background check process again.

☐ **YES** - I request an exemption for the individual named above. Attached are:

1. The individual's signed letter describing the events surrounding the recent conviction(s) including approximate date(s); what happened and why; how it happened; and any other information about the crime.
2. Documents (Minute Order, a court issued Judgment of Conviction or a letter from the Probation Department) indicating that the individual's current or last period of probation was informal.
3. Written verification of any training, classes, courses, treatment or counseling sessions completed.
4. A copy of all police reports involving the crime(s) for which the individual was convicted, or a letter from law enforcement stating that a report no longer exists.

☐ **NO** – I do not request an exemption for the individual named above. This individual's employment or residency was terminated on \_\_\_\_\_. Please disassociate this individual from my facility.

I certify that the individual has been given the Individual Exemption Request notice.

---

Please return this page within thirty (30) days from the date of this notice.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

(\_\_\_\_\_)\_\_\_\_\_  
Telephone Number

c:      <<RO #>>

Additional Criminal History

<<subject>>  
Facility# <<FacNumber>>  
Analyst <<Analyst#>>

<<date>>

<<subject>>  
c/o<<LicName>>  
<<LicAddress>>  
<<CityStateZip>>

**INDIVIDUAL EXEMPTION REQUEST**  
**ALERT - ADDITIONAL CRIMINAL HISTORY**

This is to notify you that we have received additional or subsequent criminal history information concerning you. This means that your previous exemption will be re-evaluated and an exemption for the additional or subsequent conviction(s) is required.

The licensee was notified that in order for you to continue to work or be present in the facility, he/she must request a criminal record exemption for you. If the licensee does not request an exemption for you and terminates your employment or residency because of the notification we provided regarding your additional criminal history, you have a right to request an exemption on your own behalf.

To request a criminal record exemption, please complete and return this notice, along with the information listed below, **within thirty (30) days** of the date of this notice to the address above or fax it to (916) 274-6205. If you request an exemption it may take at least forty five (45) days to process after a complete exemption request is received by our office.

Please be aware that criminal record exemptions are public information. Upon request, the Department will release the name of anyone with a criminal record exemption and the name of the facility where the person works or lives. NOTE: This does not apply to Foster Family Homes or Certified Family Homes.

All items listed, with the exception of item #2, must be submitted or your **file will be closed**. Item #2 only applies in cases of informal probation. If your file is closed, you cannot work or be present in any licensed facility.

1. A signed letter describing the events surrounding each conviction including approximate date(s); what happened and why; how it happened; and any other information about the crime. Also, describe what you have done since the conviction to prevent you from being involved in this type of activity again. The Caregiver Background Check Bureau may compare your statement with police reports and court documents.
2. Documentation (Minute Order, a court issued Judgment of Conviction or a letter from the Probation Department) indicating that your current or last period of probation was informal.

	<<subject>>
Facility#	<<FacNumber>>
Analyst	<<Analyst#>>

- You may obtain a copy of your criminal record by writing to: The Department of Justice, Record Review Unit, P.O. Box 903417, Sacramento, CA 94203-4170.**

The licensee/applicant did not request an exemption for me. My employment or residency was terminated on \_\_\_\_\_. I am requesting an exemption on my own behalf.

*Notify the Department within five (5) days of any change to your telephone number or address.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

**ALERT – ADDITIONAL CRIMINAL HISTORY FOR  
<<SUBJECT>>**

This is to notify you that we have received additional or subsequent criminal history information for the individual identified above. This means that the previous exemption will be re-evaluated and an exemption for the additional or subsequent conviction(s) is required. Due to the nature of the subsequent criminal record information, **children must be immediately removed from the home.**

If you want this individual to continue to be associated with your Foster Family Agency and have children placed in his/her home, you must request a criminal record exemption. Please be aware that children cannot return to this home until the exemption is approved.

If you do not request an exemption, this individual cannot be a certified foster parent or be present in any home certified by your agency. If you request an exemption, it may take at least forty five (45) days to process after a complete exemption request is received by this office.

You must notify us of your decision **within thirty (30) days** from the date of this notice. Check one of the options on page two and return the notice to the address above or fax it to (916) 274-6205. If we do not receive your response within thirty (30) days, the previous exemption will be rescinded and the individual will not be allowed to be in or associated with your agency or any certified home. We will also notify the licensing regional office of that action.

If you have any questions regarding this notice, you may write to the address above, attention analyst <<analyst>> or you may call 888-422-5669.

**The individual may obtain a copy of his/her criminal record by writing to: The Department of Justice, Record Review Unit, P.O. Box 903417, Sacramento, CA 94203-4170.**

---

To request an exemption, all items listed, with the exception of item #2, must be submitted or the individual's file will be closed. Item #2 only applies in cases of informal probation. If the individual's file is closed, he/she must resubmit fingerprints, **at an additional cost**, to begin the background check process again.

☐ **YES** - I request an exemption for the individual named above. Attached are:

1. The individual's signed letter describing the events surrounding the recent conviction(s) including approximate date(s); what happened and why; how it happened; and any other information about the crime.
2. Documents (Minute Order, a court issued Judgment of Conviction or a letter from the Probation Department) indicating that the individual's current or last period of probation was informal.
3. Written verification of any training, classes, courses, treatment or counseling sessions completed.
4. A copy of all police reports involving the crime(s) for which the individual was convicted, or a letter from law enforcement stating that a report no longer exists.

☐ **NO** – I do not request an exemption for the individual named above. Please disassociate this individual from this agency. I certify that children have been removed from this home.

---

Please return this page within thirty (30) days from the date of this notice.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

<<RO #>>

(\_\_\_\_\_)\_\_\_\_\_

Telephone Number



<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

## Exemption Approval

This is to notify you a criminal record exemption has been granted for <<suspect>>. This exemption is required for you to obtain and maintain a community care license for a <<Facility Type>>. This exemption applies only to the facility number identified above, is based solely on your criminal record history and does not include a review of the Child Abuse Central Index.

This exemption will remain valid provided:

1. The individual does not violate any licensing laws or regulations.
2. The individual does not engage in conduct that indicates that you may pose a risk to the health and safety of any individual who is or may be a client.
3. The individual does not fail to disclose a conviction even if it occurred before the exemption was granted.
4. The individual is not convicted of a subsequent crime.

In the event we receive information that you have failed to comply with these conditions, this exemption may be rescinded.

Please be aware that criminal record exemptions are public information. Upon request, the Department will release the name of anyone with a criminal record exemption and the name of the facility where the person works or lives. NOTE: This does not apply to Foster Family Homes or Certified Family Homes.

A copy of this letter must be placed in the facility records. If you have any questions regarding this notice, you may write to the address above, attention analyst <<analyst>> or you may call 888-422-5669.

<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

## Exemption Transfer Approval

This is to notify you that a criminal record exemption transfer request for <<subject>> has been approved. This transfer is required for you to obtain and maintain a community care license for a <<Facility Type>>. This transfer applies only to the facility number identified above. This transfer is based solely on the criminal record history and does not include a review of the Child Abuse Central Index.

The transfer will remain valid provided:

1. The individual does not violate any licensing laws or regulations.
2. The individual does engage in conduct that indicates that you may pose a risk to the health and safety of clients.
3. The individual does not fail to disclose a conviction even if it occurred before the exemption was granted.
4. The individual is not convicted of a subsequent crime.

In the event we receive information that the individual identified above has failed to comply with these conditions, this transfer may be rescinded.

Please be aware that criminal record exemptions are public information. Upon request, the Department will release the name of anyone with a criminal record exemption and the name of the facility where the person works or lives. NOTE: This does not apply to Foster Family Homes or Certified Family Homes.

A copy of this letter must be placed in the facility/personnel records. If you have any questions regarding this notice, you may write to the address above, attention analyst <<analyst>> or you may call 888-422-5669.

c: <<LPA#>>

cbcb4.0t approval lic/app  
(rev 9/03)

<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

## Conditional Exemption Approval

This is to notify you that you have been granted a conditional criminal record exemption has been granted for <<subject>>. This exemption is required for you to obtain and maintain a community care license for a <<Facility Type>>. This exemption applies only to the facility number identified above. This exemption is based solely on the individual's criminal record history and does not include a review of the Child Abuse Central Index.

This exemption is approved with the following conditions:

1. <<condition>>
2. The individual does not violate any licensing laws or regulations.
3. The individual does not engage in conduct that indicates that you may pose a risk to the health and safety of any individual who is or may be a client.
4. The individual does not fail to disclose a conviction even if it occurred before the exemption was granted.
5. The individual is not convicted of a subsequent crime.

In the event we receive information that the individual identified above has failed to comply with these conditions, this exemption may be rescinded and your license may be denied or revoked.

If you and the individual identified above do not accept these conditions, you may decline this conditional exemption. If you decline, the exemption is denied. You may appeal the denial and request a hearing.

To decline this exemption and/or appeal the exemption denial, please check the appropriate box(es) on page two, sign and return the entire letter within **fifteen days (15)** of the date of this notice to the address noted above. Please keep a copy of this letter for your records.

If we do not receive a response from you within fifteen days (15), this exemption, with the above conditions, will be final.

---

☐ I do not accept the conditions of this exemption and decline the exemption.

I understand that by declining this conditional exemption, the exemption is denied and that my license may be denied or revoked.

☐ I wish to appeal the exemption denial and request a hearing.

I understand that by appealing the exemption denial the case will be forwarded to the California Department of Social Services Legal Division and an Administrative Hearing will be scheduled where the individual will be allowed to present his/her case, with or without an attorney, to an Administrative Law Judge.

---

Licensee or License Applicant's Signature

---

Facility Number

If you have any questions regarding this notice, you may write to the address above, attention analyst <<analyst#>> or you may call 888-422-5669.

<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst#>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

## Exemption Approval

This is to notify you that a criminal record exemption has been granted for << subject>> to continue to be a resident or employee in your licensed <<facility type>>. This exemption applies only to the facility number identified above. This exemption is based solely on the individual's criminal record history and does not include a review of the Child Abuse Central Index.

This exemption will remain valid provided:

1. The individual does not violate any licensing laws or regulations.
2. The individual does not engage in conduct that indicates that he/she may pose a risk to the health and safety of any individual who is or may be a client.
3. The individual does not fail to disclose a conviction even if it occurred before the exemption was granted.
4. The individual is not convicted of a subsequent crime.

In the event we receive information that he/she has failed to comply with these conditions, this exemption may be rescinded.

Please be aware that criminal record exemptions are public information. Upon request, the Department will release the name of anyone with a criminal record exemption and the name of the facility where the person works or lives. NOTE: This does not apply to Foster Family Homes or Certified Family Homes.

A copy of this letter must be placed in the facility/personnel records. If you have any questions regarding this notice, you may write to the address above, attention analyst <<analyst#>> or you may call 888-422-5669.

<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

## Exemption Transfer Approval

This is to notify you that a criminal record exemption transfer has been approved for <<subject>> to be a resident or employee in your licensed <<Facility Type>>. This transfer applies only to the facility number identified above. If this facility serves children and the individual has not previously submitted a Child Abuse Central Index (CACI) check or if the date of his/her previous CACI check was prior to January 1, 1999, a CACI check, with the applicable fee, must be submitted to the Department of Justice before the individual resides or works in your facility.

The exemption will remain valid provided:

1. The individual does not violate any licensing laws or regulations.
2. The individual does not engage in conduct that indicates that he/she may pose a risk to the health and safety of clients.
3. The individual does not fail to disclose a conviction even if it occurred before the exemption was granted.
4. The individual is not convicted of a subsequent crime.

In the event we receive information that he/she has failed to comply with these conditions, this exemption may be rescinded.

Please be aware that criminal record exemptions are public information. Upon request, the Department will release the name of anyone with a criminal record exemption and the name of the facility where the person works or lives. NOTE: This does not apply to Foster Family Homes or Certified Family Homes.

A copy of this letter must be placed in the facility/personnel records. If you have any questions regarding this notice, you may write to the address above, attention analyst <<analyst>> or you may call 888-422-5669.

c: <<LPA#>>

cbcb4.1t emp/res/other  
(1/05)

<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst#>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

## Conditional Exemption Approval

This is to notify you that a conditional criminal record exemption has been granted for <<subject>> to be a resident or employee in your <<facility type>>. This conditional exemption applies only to the facility number identified above. This exemption is based solely on the individual's criminal record history and does not include a review of the Child Abuse Central Index.

This exemption is approved with the following conditions:

1. <<condition>>
2. The individual does not violate any licensing laws or regulations.
3. The individual does not engage in conduct that indicates that he/she may pose a risk to the health and safety of any individual who is or may be a client.
4. The individual does not fail to disclose a conviction even if it occurred before the exemption was granted.
5. The individual is not convicted of a subsequent crime.

If you and the individual do not accept these conditions, you may decline this conditional exemption. If you decline, the exemption is denied. You may appeal the denial and request a hearing.

To decline this exemption and/or appeal the exemption denial, please check the appropriate box(es) on page two, sign and return the entire letter within **fifteen days (15)** of the date of this notice to the address noted above. Please keep a copy of this letter in the individual's file.

If we do not receive a response from you within fifteen days (15), this exemption, with the above conditions, will be final. In the event we receive information that the individual has failed to comply with these conditions, this exemption may be rescinded.

---

☐ I do not accept the conditions of this exemption and decline the exemption.

I understand that by declining this conditional exemption, the exemption is denied. I understand that this individual may not work or be present in any facility licensed by the Department.

☐ I wish to appeal the exemption denial and request a hearing.

I understand that by appealing the exemption denial, the case will be forwarded to the California Department of Social Services Legal Division. The legal division will contact me and provide me with information about the appeal. If an Administrative Hearing is requested, the individual will be allowed to present his/her case, with or without an attorney, to an Administrative Law Judge.

\_\_\_\_\_  
Licensee or License Applicant's Signature

\_\_\_\_\_  
Facility Number

If you have any questions regarding this notice, you may write to the address above, attention analyst <<analyst#>> or you may call 888-422-5669.



<<date>>

Facility# <<FacNumber>>  
ID# <<ID>>  
Analyst <<Analyst#>>

<<LicName>>  
<<LicAddress>>  
<<CityStateZip>>

### Conditional Exemption Transfer Approval

This is to notify you that a conditional criminal record exemption transfer has been approved for <<subject>> to be a resident or employee in your <<facility type>>. This conditional exemption transfer applies only to the facility number identified above. If this facility serves children and the individual has not previously submitted a Child Abuse Central Index (CACI) check or if the date of his/her previous CACI check was prior to January 1, 1999, a CACI check, with the applicable fee, must be submitted to the Department of Justice before the individual resides or works in your facility.

The individual's exemption was granted with conditions. The transfer is approved provided you and the individual accept those conditions which are listed below:

1. <<condition>>
2. The individual does not violate any licensing laws or regulations.
3. The individual does not engage in conduct that indicates that he/she may pose a risk to the health and safety of any individual who is or may be a client.
4. The individual does not fail to disclose a conviction even if it occurred before the exemption was granted.
5. The individual is not convicted of a subsequent crime.

If you and the individual do not accept these conditions, you may decline this conditional exemption transfer. If you decline, the transfer is denied. You may appeal the transfer denial and request a hearing.

To decline this exemption transfer and/or appeal the exemption transfer denial, please check the appropriate box(es) on page two, sign and return the entire letter to the address noted above. The request to appeal must be postmarked no later than **fifteen (15) days** from the date of this notice. Please keep a copy of this letter in the individual's file.

Conditional Exemption Transfer Approval

Page 2

If we do not receive a response from you within fifteen days (15), this exemption transfer, with the above conditions, will be final. In the event we receive information that the individual has failed to comply with these conditions, this exemption may be rescinded.

---

☐ I do not accept the conditions of this exemption and decline the exemption transfer.

I understand that by declining this conditional exemption, the exemption transfer is denied. I understand that this individual may not work or be present in my facility.

☐ I wish to appeal the exemption transfer denial.

I understand that by appealing the exemption transfer denial, the case will be forwarded to the California Department of Social Services Legal Division. The legal division will contact me and provide me with information about the appeal. If an Administrative Hearing is requested, the individual will be allowed to present his/her case, with or without an attorney, to an Administrative Law Judge.

\_\_\_\_\_  
Licensee or License Applicant's Signature

\_\_\_\_\_  
Facility Number

If you have any questions regarding this notice, you may write to the address above, attention analyst <<analyst#>> or you may call 888-422-5669.

<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst#>>

<<FacName>>

<<FacAddress>>

<<CityStateZip>>

## Exemption Approval

The Department has concluded a secondary review of your request for a criminal record exemption for <<subject>>. As a result, an exemption has been granted. This exemption applies only to the facility number identified above. This exemption is based solely on the individual's criminal record history and does not include a review of the Child Abuse Central Index.

This exemption will remain valid provided:

1. The individual does not violate any licensing laws or regulations.
2. The individual does not engage in conduct that indicates that he/she may pose a risk to the health and safety of any individual who is or may be a client.
3. The individual does not fail to disclose a conviction even if it occurred before the exemption was granted.
4. The individual is not convicted of a subsequent crime.

In the event we receive information that he/she has failed to comply with these conditions, the exemption will be rescinded.

Please be aware that criminal record exemptions are public information. Upon request, the Department will release the name of anyone with a criminal record exemption and the name of the facility where the person works or lives. NOTE: This does not apply to Foster Family Homes or Certified Family Homes.

A copy of this letter must be placed in the facility records. If you have any questions regarding this notice, you may write to the address above, attention analyst <<analyst#>> or you may call 888-422-5669.

<<date>>

ID#

<<ID>>

Analyst

<<Analyst>>

<<AppName>>

<<AppAddress>>

<<CityStateZip>>

## Exemption Approval

This is to notify you that your request for a criminal record exemption has been granted. This exemption is based solely on your criminal record history and does not include a review of the Child Abuse Central Index.

This exemption will remain valid provided:

1. You are employed by and associated with a licensed facility within two (2) years from the date of this letter.
2. You inform the Department, in writing, at the address above, of any changes in your address and/or your telephone number.
3. You do not violate any licensing laws or regulations.
4. You do not engage in conduct that indicates that you may pose a risk to the health and safety of any individual who is or may be a client.
5. You do not fail to disclose a conviction even if it occurred before the exemption was granted.
6. You are not convicted of a subsequent crime.

In the event we receive information that you have failed to comply with these conditions, this exemption will be rescinded.

Please be aware that criminal record exemptions are public information. Upon request, the Department will release the name of anyone with a criminal record exemption and the name of the facility where the person works or lives.

If you have any questions regarding this notice, you may write to the address above, attention analyst <<analyst>> or you may call 888-422-5669.

<<date>>

ID#

<<ID>>

Analyst

<<Analyst>>

<<AppName>>

<<AppAddress>>

<<CityStateZip>>

## **Conditional Exemption Approval**

This is to notify you that you have been granted a conditional criminal record exemption. This exemption is based solely on your criminal record history and does not include a review of the Child Abuse Central Index.

This exemption is approved with the following conditions:

1. <<condition>>
2. You are employed by and associated with a licensed facility within two (2) years from the date of this letter.
3. You inform the Department, in writing, at the address above, of any changes in your address and/or your telephone number.
4. You do not violate any licensing laws or regulations.
5. You do not engage in conduct that indicates that you may pose a risk to the health and safety of any individual who is or may be a client.
6. You do not fail to disclose a conviction even if it occurred before the exemption was granted.
7. You are not convicted of a subsequent crime.

If you do not accept these conditions, you may decline this conditional exemption. If you decline, the exemption is denied. You may appeal the denial and request a hearing.

To decline this exemption and/or appeal the exemption denial, please check the appropriate box(es) on page two, sign and return the entire letter within **fifteen days (15)** of the date of this notice to the address noted above. Please keep a copy of this letter for your records.

If we do not receive a response from you within fifteen days (15), this exemption, with the above conditions, will be final. In the event we receive information that you have failed to comply with these conditions, this exemption may be rescinded.

---

☐ I do not accept the conditions of this exemption and decline the exemption.

I understand that by declining this conditional exemption, the exemption is denied. I understand that I may not work or be present in any facility licensed by the Department.

☐ I wish to appeal the exemption denial and request a hearing.

I understand that by appealing the exemption denial the case will be forwarded to the California Department of Social Services Legal Division and an Administrative Hearing will be scheduled where I will be allowed to present my case, with or without an attorney, to an Administrative Law Judge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Facility Number

If you have any questions regarding this notice, you may write to the address above, attention analyst <<analyst#>> or you may call 888-422-5669.

<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst>>

<<Regional Office>>

<<ROAddress>>

<<CityStateZip>>

## Exemption Denial For

<<subject>>

This notice is to inform you that we have denied the criminal record exemption for the above named individual. Because this individual is an applicant/licensee, spouse or a dependant family member who resides in the facility, the denied exemption means that the application must be denied or the license revoked. **The Regional Office must inform the applicant/licensee of the exemption denial and the application denial or license revocation.**

**If this is an application**, you may use the denied exemption as the basis for denying the application. Use the cbc5.0 template 1, found in the common library (<http://cdssweb01.dss.ca.gov/cdss/ccldcommon/cbcb.htm>), to draft a letter to the applicant. The letter informs the applicant that they may appeal the application denial through your office. Please inform us of the applicant's decision to appeal by completing and returning the attached 5.0 RO response form. If the applicant appeals and the denial is based solely on the denied exemption, CBCB will prepare the statement of facts. If CBCB is to prepare the statement of facts, please send us the appeal letter, a copy of the LIC 508 with explanation and a copy of the license application (LIC 200, 200A, 279, or 283) and a completed Department of Justice notification form (LIC 9011A). If we do not receive the response form within sixty (60) days, the exemption denial will be entered in the CBC system and the individual's status on LIS will be inactive.

**If this is a licensed facility**, use the cbc5.0 template 2, found in the common library, to inform the licensee that the exemption was denied and that his/her license has been referred to the legal division for revocation. Any appeals will be handled by the legal division. If the revocation is based solely on the denied exemption, CBCB will prepare the statement of facts. Please inform us of the date you send the letter to the licensee by completing and returning the attached response form. This date will be entered into the CBC System to generate a statement of facts. In addition please send copies of the license application (LIC 200, 200A, 279, or 283), LIC 508 with explanation and the license.

If you disagree with the exemption denial, indicate so on the attached 5.0 RO response form. If you have any questions regarding the exemption denial or this notice, please call CBCB analyst <<analyst#>> at (916) 274-6200.

Date: \_\_\_\_\_

Facility#      <<FacNumber>>  
ID#            <<ID>>  
Analyst       <<Analyst>>

TO:              Caregiver Background Check Bureau - MS 19-62  
Fax # (916) 274-6205

FROM:           Regional Office # \_\_\_\_\_  
LPA \_\_\_\_\_

SUBJECT:        Exemption Denial for <<subject>>

---

**FOR LICENSE APPLICATIONS:**

- ☐ The above named individual has appealed the denial of his/her application. The application denial was based solely on the denied criminal record exemption. Please prepare the statement of facts and forward to the legal division. Enclosed is the appeal letter, a copy of the LIC 508 with explanation and a copy of the license application ( LIC 200, 200A, 279, or 283) and a completed Department of Justice notification form (LIC 9011A).
- ☐ The above named individual has appealed the denial of his/her application. The RO will prepare the statement of facts. The legal case number is: \_\_\_\_\_.
- ☐ The above named individual has not appealed the denial of his/her application within the fifteen (15) day period. The RO will enter the application denial on the LIS. CBCB may close the case as a denied exemption.

---

**FOR LICENSED FACILITIES:**

- ☐ The license revocation will not be based solely on the denied exemption. The RO will prepare the statement of facts. The legal case number is: \_\_\_\_\_.
  - ☐ The RO sent the licensee a letter on \_\_\_\_\_ informing him/her that the exemption was denied and that his/her license will be referred to the legal division for revocation. The revocation was based solely on the denied criminal record exemption. Please prepare the statement of facts and forward to the legal division. Enclosed are copies of the LIC 508 with explanation, license application (LIC 200, 200A, 279, or 283) the license and a completed Department of Justice notification form (LIC 9011A).
- 
- ☐ The Regional Office disagrees with the exemption decision.  
Attorney consulted: \_\_\_\_\_ Date: \_\_\_\_\_
  - ☐ Other action taken. (please explain): \_\_\_\_\_
- 

Person completing this form: \_\_\_\_\_

Telephone #: (    ) \_\_\_\_\_ Date: \_\_\_\_\_



<<date>>

# cbbc5.0 Template 1

<<LicName>>

<<FacilityName - facility#>>

<<LicAddress>>

<<CityStateZip>>

This is to notify you that your application for licensure of a <<facility type>> located at <<facility address>> has been denied.

Your application is denied because the Caregiver Background Check Bureau has denied your request for a criminal record exemption for <<subject>>. To grant an exemption, the Department must have substantial and convincing evidence that the person is of good character. The information submitted with the exemption request did not meet that standard.

If you have any questions regarding the denied exemption, please contact the Caregiver Background Check Bureau at **888-422-5669**.

Sincerely,

<<Signature>>

<<title>>

---

If you wish to appeal this decision, please check the box, sign below and send this notice to the address below. The appeal request must be post marked no later than fifteen (15) days from the date of this notice.

<<ProgramAdministratorName>>  
<<Program>> Program Administrator  
744 P Street, MS <<ms#>>  
<<CityStateZip>>

[ ] I wish to appeal.

I understand that by appealing, my case will be forwarded to the California Department of Social Services Legal Division and, **if I request a hearing, I will be allowed to present my case, with or without any attorney, to an Administrative Law Judge.**

---

Applicant's Signature

---

Facility Number

**NOTE: If you do not appeal, you may reapply for a license in one year. If you appeal, a public document specifying the reasons for the denial will be filed. The document may include your conviction(s). If you do not win the appeal, you must wait one year from the date of that decision to reapply for a license.**

CBCB 5.0 template 1

(rev 11/04)

# cbbc5.0 Template 2

<<date>>

<<LicName>>

<<FacilityName - facility#>>

<<LicAddress>>

<<CityStateZip>>

This is to notify you that the Department has denied <<subject or your>> criminal record exemption and has referred your license to the Department's Legal Division for revocation.

To grant an exemption, the Department must have substantial and convincing evidence that the person is of good character. The information submitted with the exemption request did not meet that standard.

Without a criminal record clearance or an approved exemption << for subject>>, you cannot continue to be licensed. The legal division will inform you of your appeal rights.

If you have any questions regarding the denied exemption, please contact the Caregiver Background Check Bureau at (916) 274-6200.

Sincerely,

<<signature>>

<<title>>

<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst#>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

## Exemption Denial

Your request for a criminal record exemption for <<subject>> has been denied. A denied exemption means that this individual may not work or be present in a facility licensed by the Department. This individual is also prohibited from having contact with clients of any facility licensed by the Department.

To grant an exemption, the Department must have substantial and convincing evidence that the person is of good character. The information submitted with the exemption request did not meet that standard.

You or the individual may appeal this decision by submitting a written request and a copy of this notice, to the address above. The request must be post marked no later than fifteen (15) days from the date of this notice. If this decision is appealed, the individual named above may not continue having contact with clients of any licensed facility or certified family home and/or may not have foster children placed in the home during the appeal process. If you or the individual choose to appeal, the case will be forwarded to the California Department of Social Services Legal Division. The legal division will contact you and provide you with information about the appeal. If an Administrative Hearing is scheduled, the individual will be allowed to present his/her case, with or without an attorney, to an Administrative Law Judge.

If this individual was allowed to work or be present in your facility because he/she had a previous clearance, this individual must be immediately removed from your facility. Use the Confirmation of Removal form (LIC 300B) to confirm that you have removed this individual. If you are a licensee of a Family Child Care Home, you are also required to notify parents of children currently in care that this individual has been removed from your home. Use the enclosed Addendum To Notification of Parent's Rights (LIC 995B) for this purpose.

If this decision is not appealed within fifteen (15) days from the date of this notice, the denial will be final. If you have any questions regarding this notice, you may write to the address above, attention analyst <<analyst#>> or you may call 888-422-5669.

<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst#>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

## Exemption Denial

Your request that we reconsider a criminal record exemption for <<subject>> has been reviewed and the initial decision to deny the exemption remains unchanged. To grant an exemption, the Department must have substantial and convincing evidence that the person is of good character. The additional information submitted did not meet that standard.

You or the individual may appeal this decision by submitting a written request and a copy of this notice, to the address above. The request must be post marked no later than fifteen (15) days from the date of this notice. If this decision is appealed, the individual named above may not continue having contact with clients of any licensed facility or certified family home and/or may not have foster children placed in the home during the appeal process.

If you or the individual choose to appeal, the case will be forwarded to the California Department of Social Services Legal Division. The legal division will contact you and provide you with information about the appeal. If an Administrative Hearing is scheduled, the individual will be allowed to present his/her case, with or without an attorney, to an Administrative Law Judge.

If this decision is not appealed within fifteen (15) days from the date of this notice, the denial will be final. If you have any questions regarding this notice, you may write to the address above, attention analyst <analyst#> or you may call 888-422-5669.

<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

## Exemption Denial

Your request for a criminal record exemption for <<subject>> has been denied. A denied exemption means that this individual may not work or be present in a facility licensed by the Department. This individual is also prohibited from having contact with clients of any facility licensed by the Department.

To grant an exemption, the Department must have substantial and convincing evidence that the person is of good character. The information submitted with the exemption request did not meet that standard.

You or the individual may appeal this decision by submitting a written request and a copy of this notice, **within fifteen (15) days** of the date of this notice, to the address above. If you appeal this decision, the individual named above may continue having contact with clients of your facility only or foster children currently in care may remain in his/her home during the appeal process. If the individual is terminated and appeals the decision on his/her own behalf, he/she may not have contact with clients of any licensed facility or certified family home during the appeal process. If you or the individual choose to appeal, the case will be forwarded to the California Department of Social Services Legal Division. The legal division will contact you and provide you with information about the appeal. If an Administrative Hearing is scheduled, the individual will be allowed to present his/her case, with or without an attorney, to an Administrative Law Judge.

If this decision is not appealed within fifteen (15) days from the date of this notice, the denial will be final. If you have any questions regarding this notice, you may write to the address above, attention analyst <<analyst>>.

<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

## Exemption Transfer Denial

Your request to transfer a criminal record exemption for << subject >> has been denied. The transfer has been denied because the crime for which the exemption was granted is now a non-exemptible crime. This means the individual may not work in, or be present in your facility.

You may refer to Health and Safety Code Section <<HSCode>> for a list of the crimes for which the Department is prohibited from granting an exemption. To obtain a copy of the criminal record history, the individual must contact the **Department of Justice, Record Review Unit, P.O. Box 903417, Sacramento, California 94203-4170.**

The law prohibits the Department from granting an exemption in this matter. You, or the individual, may appeal this decision by submitting a written request and a copy of this notice to the address above. The request must be postmarked no later than **fifteen (15) days** from the date of this notice.

Be advised that the Administrative Law Judge who handles the appeal is also prohibited by law from granting an exemption for the crime(s) in this case. Even if this decision is appealed, the individual may not continue having contact with clients of any licensed facility or certified family home during the appeal process.

If this decision is not appealed within fifteen (15) days from the date of this notice, the decision will be final. If you have any questions regarding this notice, you may write to the address above, attention << analyst# >> or you may call 888-422-5669.

c: <<RO>>  
<<LPA>>

<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

## Exemption Transfer Denial

Your request to transfer a criminal record exemption for << subject >> has been denied. The transfer has been denied because this individual's exemption was granted with the condition that it not be transferred to another facility.

A denied transfer means the individual may not work in, or be present in your facility. You, or the individual, may appeal this decision by submitting a written request and a copy of this letter to the address above. The request must be postmarked no later than **fifteen (15) days** from the date of this notice.

If this decision is appealed, the individual may not work or be present in your facility during the appeal process. If this decision is not appealed within fifteen (15) days from the date of this letter, the decision will be final.

If you have any questions regarding this notice, you may write to the address above, attention << analyst# >> or you may call 888-422-5669.

c: <<RO>>  
<<LPA>>

<<date>>

ID#

<<ID>>

Analyst

<<Analyst>>

<<AppName>>

<<AppAddress>>

<<CityStateZip>>

## Exemption Denial

Your request for a criminal record exemption has been denied. A denied exemption means that you may not work or be present in a facility licensed by the Department.

To grant an exemption, the Department must have substantial and convincing evidence that you are of good character. The information submitted with your request did not meet that standard.

You may appeal this decision by submitting a written request and a copy of this notice to the address above. The request must be post marked no later than fifteen (15) days from the date of this notice.

If you choose to appeal, the case will be forwarded to the California Department of Social Services Legal Division. The legal division will contact you and provide you with information about the appeal. If an Administrative Hearing is scheduled, you will be allowed to present your case, with or without an attorney, to an Administrative Law Judge. If you appeal this decision, it is your responsibility to notify the Department, in writing, whenever you change your address and phone number.

If this decision is not appealed within fifteen (15) days from the date of this notice, the denial will be final. If you have any questions regarding this notice, you may write to the address above, attention analyst <<analyst>> or you may call 888-422-5669.



<<date>>

ID#  
Analyst

<<ID>>  
<<Analyst>>

<<AppName>>  
<<AppAddress>>  
<<CityStateZip>>

### **Exemption Ineligibility**

This notice is to inform you that you are not eligible for an individual criminal record exemption. To be eligible for an individual criminal record exemption, your employment termination would have to have been a direct result of the notice we sent your employer about your criminal history. You are not eligible because your employment was terminated for reasons other than your criminal history.

If you have any questions regarding this notice, you may write to the address above or you may call 888-422-5669.

<<date>>

ID# <<ID>>

<<Regional Office>

<<MS>>

**NOTICE REGARDING YOUR CRIMINAL HISTORY  
AND FINGERPRINT SUBMISSION  
FOR <<SUBJECT>>**

The individual identified above recently submitted fingerprints for his/her license application. Our records indicate that this individual previously submitted fingerprints and was denied a criminal record exemption.

An individual who appealed his/her denied criminal record exemption, attended an administrative hearing and lost the appeal is eligible for reinstatement two years from the date of the Decision and Order upholding the denial.

An individual who did not appeal his/her denied criminal record exemption or failed to attend a scheduled administrative hearing are not eligible for reinstatement. Instead, the individual must wait two years from the date the criminal record exemption was denied before he/she can submit a new set of fingerprints to reinitiate the background check/exemption process to apply for a license, associate to a community care facility or be placed on the Trustline Registry.

An individual may petition for reinstatement or a reduction of penalty pursuant to Government Code Section 11522. If a petition is denied, an individual is not eligible to reapply until two years from the date their petition was denied.

The following applies to this individual's exemption case:

- ☐ He/she is not eligible for reinstatement as it **has not been** two years since the date of the Decision and Order upholding the denial. He/she cannot resubmit fingerprints for reinstatement for a license application until \_\_\_\_\_.
- ☐ He/she may not submit a new set of fingerprints to reinitiate the background check/exemption process as it **has not been** two years since his/her criminal record exemption was denied. He/she cannot resubmit fingerprints for a license application until \_\_\_\_\_.
- ☐ He/she must send a petition for reinstatement/reduction of penalty to the DSS, Legal Division. He/she may **not** be granted a license, work or be present in a community care facility while his/her petition for reinstatement is evaluated.

If you have any questions regarding this notice, please call analyst <<analyst#>> at (916) 274-6200.

<<date>>

ID# <<ID>>

<<Name>>

<<Address>>

<<CityStateZip>>

**NOTICE REGARDING  
PETITION FOR REINSTATEMENT/REDUCTION OF PENALTY  
FOR <<SUBJECT>>**

The Department of Social Services (DSS) has received a petition for reinstatement/reduction of penalty and/or criminal history for the individual identified above to allow him/her to work or be present in your community care facility. Our records indicate that this individual previously submitted fingerprints and was denied a criminal record exemption.

An individual who appealed his/her denied criminal record exemption, attended an administrative hearing and lost the appeal is eligible for reinstatement two years from the date of the Decision and Order upholding the denial.

An individual who did not appeal his/her denied criminal record exemption or failed to attend a scheduled administrative hearing is not eligible for reinstatement. Instead, the individual must wait two years from the date his/her criminal record exemption was denied before he/she can submit a new set of fingerprints to reinitiate the background check/exemption process to apply for a license, associate to a community care facility or be placed on the Trustline Registry.

The following applies to this individual's exemption case:

- ☐ He/she is not eligible for reinstatement at this time as it **has not been** two years since his/her criminal record exemption was denied. He/she cannot be associated to a community care facility until \_\_\_\_\_.
- ☐ He/she is not eligible for reinstatement as it **has not been** two years since the date of the Decision and Order upholding the denial. He/she cannot be associated to a community care facility until \_\_\_\_\_.
- ☐ A petition for reinstatement or reduction in penalty is not necessary because it **has been** two years since his/her criminal record exemption for an exemptible crime was denied and/or he/she defaulted at the scheduled administrative hearing. He/she must become associated to a community care facility and resubmit fingerprints, and a child abuse index check if applicable. You will be contacted regarding the current exemption process

requirements. He/she will not be allowed to work or be present in a community care facility during the exemption process.

- ☐ His/her petition for reinstatement/reduction of penalty has been forwarded to the DSS, Legal Division for processing. He/she may **not** work or be present in a community care facility while the petition for reinstatement or reduction in penalty is evaluated and a final decision is rendered.
- ☐ His/her petition is denied because he/she was convicted of a crime for which no exemption may be granted.

If you have any questions regarding this notice, please call analyst <<analyst#>> at (916) 274-6200.

<<date>>

ID# <<ID>>

<<LicName>>

<<Address>>

<<CityStateZip>>

## NOTICE REGARDING FINGERPRINT SUBMISSION FOR

<<SUBJECT>>

The individual identified above recently submitted fingerprints for a background check to work or reside in your licensed facility. Our records indicate that this individual previously submitted fingerprints and was denied a criminal record exemption.

An individual who appealed his/her denied criminal record exemption, attended an administrative hearing and lost the appeal is eligible for reinstatement two years from the date of the Decision and Order upholding the denial.

An individual who did not appeal his/her denied criminal record exemption or failed to attend a scheduled administrative hearing is not eligible for reinstatement. Instead, the individual must wait two years from the date his/her criminal record exemption was denied before he/she can submit a new set of fingerprints to reinitiate the background check/exemption process to apply for a license, associate to a community care facility or be placed on the Trustline Registry.

Individuals may petition for reinstatement or a reduction of penalty pursuant to Government Code Section 11522. If a petition is denied, an individual is not eligible to reapply until two years from the date their petition was denied.

The following applies to this individual's exemption case:

- ☐ He/she is not eligible for reinstatement as it **has not been** two years since the date of the Decision and Order upholding the denial. He/she cannot resubmit fingerprints until \_\_\_\_\_.
- ☐ He/she may not submit a new set of fingerprints to reinitiate the background check/exemption process as it **has not been** two years since his/her criminal record exemption was denied. He/she cannot resubmit fingerprints until \_\_\_\_\_.
- ☐ He/she must send a petition for reinstatement/reduction of penalty to the DSS, Legal Division. He/she may **not** be approved for licensure while his/her petition for reinstatement is evaluated.

If you have any questions regarding this notice, please write to the address above, attention analyst <<analyst#>> or you may call 888-422-5669.

<<date>>

ID# <<ID>>

<<Name>>

<<Address>>

<<CityStateZip>>

## NOTICE REGARDING YOUR CRIMINAL HISTORY AND FINGERPRINT SUBMISSION

The Department of Social Services (DSS) has received the results of your recent fingerprint submission to work or be present in a community care facility or to be placed on the TrustLine Registry.

Our records indicate that you previously submitted fingerprints and were denied a criminal record exemption. If you appealed your denied criminal record exemption, attended an administrative hearing and lost your appeal, you will be eligible for reinstatement two years from the date of the Decision and Order upholding the denial.

If you did not appeal your denied criminal record exemption or if you failed to attend your scheduled administrative hearing, you are not eligible for reinstatement. You must wait two years from the date your criminal record exemption was denied before you may associate to a community care facility or submit a Trustline Registry application and submit a new set of fingerprints to reinitiate the background check/exemption process.

If you are eligible, you may petition for reinstatement or a reduction of penalty pursuant to Government Code Section 11522. If your petition is denied, you will not be eligible to reapply until two years from the date your petition was denied.

The following applies to your exemption case:

- ☐ You do not qualify for the petition process as it **has not been** two years since your criminal record exemption was denied. You cannot resubmit fingerprints to be associated to a community care facility or to be placed on the Trustline Registry until \_\_\_\_\_.
- ☐ You are not eligible for reinstatement as it **has not been** two years since the date of the Decision and Order upholding the denial. You cannot resubmit fingerprints to be associated to a community care facility or to be placed on the Trustline Registry until \_\_\_\_\_.
- ☐ You must send a petition for reinstatement/reduction of penalty to the DSS, Legal Division. You may **not** work or be present in a community care facility while your petition for reinstatement is evaluated.

If you have any questions regarding this notice, please call analyst <<analyst#>> at (916) 274-6200.

<<date>>

ID# <<ID>>

<<Name>>

<<Address>>

<<CityStateZip>>

## NOTICE REGARDING YOUR PETITION FOR REINSTATEMENT/REDUCTION OF PENALTY

The Department of Social Services (DSS) has received your petition for reinstatement/reduction of penalty and/or criminal history so you can work or be present in a community care facility or be placed on the Trustline Registry.

Our records indicate that your request for a criminal record exemption was previously denied. If you appealed your denied criminal record exemption, attended an administrative hearing and lost your appeal, you will be eligible for reinstatement two years from the date of the Decision and Order upholding the denial.

If you did not appeal your denied criminal record exemption or if you failed to attend your scheduled administrative hearing, you are not eligible for reinstatement. You must wait two years from the date your criminal record exemption was denied before you may associate to a community care facility or submit a Trustline Registry application and submit a new set of fingerprints to reinitiate the background check/exemption process.

If you are eligible, you may petition for reinstatement or a reduction of penalty pursuant to Government Code Section 11522. If your petition is denied, you will not be eligible to reapply until two years from the date your petition was denied.

The following applies to your exemption case:

- ☐ You do not eligible for reinstatement at this time as it **has not been** two years since your criminal record exemption was denied. You cannot be associated to a community care facility or be placed on the Trustline Registry until \_\_\_\_\_.
- ☐ You are not eligible for reinstatement as it **has not been** two years since the date of the Decision and Order upholding the denial. You cannot be associated to a community care facility or be placed on the Trustline Registry until \_\_\_\_\_.
- ☐ A petition for reinstatement or reduction in penalty is not necessary because it **has been** two years since your criminal record exemption for an exemptible crime was denied and/or you defaulted at your scheduled administrative hearing. You must become associated to a community care facility and/or submit a Trustline Registry application and resubmit fingerprints, and a child abuse index check if applicable. You will be contacted regarding the current exemption process requirements. You will not be allowed to work or be present in a community care facility during the exemption process.
- ☐ Your petition for reinstatement/reduction of penalty has been forwarded to the DSS, Legal Division for processing. You may **not** work or be present in a community care facility while your petition for reinstatement or reduction in penalty is evaluated and a final decision is rendered.
- ☐ Your petition is denied because you were convicted of a crime for which no exemption may be granted.

If you have any questions regarding this notice, please call analyst <<analyst#>> at (916) 274-6200.

Petition for Reinstatement – Ind2.  
(rev 1/05)

<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst#>>

<<Regional Office>>

<<ROAddress>>

<<CityStateZip>>

## **Non-Exemptible Conviction Applicant/Licensee or Family Member**

This notice is to inform you that <<subject>> has been convicted of a non-exemptible offense. Because this individual is an applicant/licensee, spouse or a dependant family member who resides in the facility, this conviction means that the application must be denied or the license revoked. **The Regional Office must inform the applicant/ licensee of the application denial or license revocation.**

**If this is an application**, you may use the non-exemptible conviction as the basis for denying the application. Use the cbc6.0 template 1, found in the common library (<http://cdssweb01.dss.ca.gov/cdss/ccldcommon/cbc6.htm>), to draft a letter to the applicant. The sample letter informs the applicant that they may appeal the application denial through your office. Please inform us of the applicant's decision to appeal by completing and returning the attached 6.0 RO response form. If the applicant appeals and the denial is based solely on the conviction, CBCB will prepare the statement of facts. If CBCB is to prepare the statement of facts, please send us the appeal letter, a copy of the LIC 508 with explanation and a copy of the license application (LIC 200, 200A, 279, or 283). If we do not receive the response form within sixty (60) days, the non-exemptible conviction will be entered in the CBC system and the individual's status on LIS will be inactive.

**If this is a licensed facility**, use the cbc6.0 template 2, found in the common library, to inform the licensee of the conviction and that his/her license has been referred to the legal division for revocation. Any appeals will be handled by the legal division. If the revocation is based solely on the conviction, CBCB will prepare the statement of facts. Please inform us of the date you send the letter to the licensee by completing and returning the attached 6.0 RO response form. This date will be entered into the CBC System to generate a Statement of Facts. In addition, please send copies of the LIC 200, 200A, 279, or 283) LIC 508 with explanation and the license.

If you disagree with the exemption denial, indicate so on the attached 5.0 RO response form. If you have any questions regarding this notice, please call CBCB analyst <<analyst#>> at (916) 274-6200.



Date: \_\_\_\_\_

Facility#      <<FacNumber>>  
ID#            <<ID>>  
Analyst       <<Analyst#>>

TO:            Caregiver Background Check Bureau - MS 19-62  
Fax # (916) 274-6205

FROM:           Regional Office # \_\_\_\_\_  
LPA \_\_\_\_\_

SUBJECT:    Non-Exemptible Conviction for <<subject>>

---

**FOR APPLICATIONS:**

- ☐ The above named individual has appealed the denial of his/her application. The application denial was based solely on the conviction of a non-exemptible offense. Please prepare the statement of facts and forward to the legal division. Enclosed is the appeal letter, a copy of the LIC 508 and a copy of the license application (LIC 200, 200A, 279, or 283).
- ☐ The above named individual has appealed the denial of his/her application. The RO will prepare the statement of facts. The legal case number is: \_\_\_\_\_.
- ☐ The above named individual has not appealed the denial of his/her application within the fifteen (15) day period. The RO will enter the application denial on the LIS. CBCB may close the case as a denied exemption.

---

**FOR LICENSED FACILITIES:**

- ☐ The license revocation will not be based solely on the non-exemptible conviction. The RO will prepare the statement of facts. The legal case number is: \_\_\_\_\_.
- ☐ The RO sent the licensee a letter on \_\_\_\_\_ informing him/her of the conviction and that his/her license will be referred to the legal division for revocation. The revocation was based solely on the conviction. Please prepare the statement of facts and forward to the legal division. Enclosed are copies of the license application LIC 200, 200A, 279, or 283), LIC 508 and the license.

- 
- ☐ The Regional Office disagrees with the exemption decision.  
Attorney consulted: \_\_\_\_\_ Date: \_\_\_\_\_
- ☐ Other action taken. (please explain): \_\_\_\_\_
- 

Person completing this form: \_\_\_\_\_

Telephone #: (    ) \_\_\_\_\_ Date: \_\_\_\_\_

# cbcb6.0 Template 1

<<date>>

<<LicName>>

<<FacilityName - facility#>>

<<LicAddress>>

<<CityStateZip>>

This is to notify you that your application for licensure of a <<facility type>> located at <<facility address>> has been denied.

Your application is denied because the Caregiver Background Check Bureau has received information from the Department of Justice that <<subject or you>> has been convicted of a crime for which the Department cannot grant an exemption.

You may refer to Health and Safety Code Section <<HSCode>> for a list of the crimes for which the Department is prohibited from granting an exemption. To obtain a copy of your criminal record history, you must contact the Department of Justice at: **The Department of Justice, Record Review Unit, P.O. Box 903417, Sacramento, California 94203-4170.**

Sincerely,

<<signature>>

<<title>>

---

If you wish to appeal this decision, please check the box, sign below and send this notice to the address below. The appeal request must be post marked no later than fifteen (15) days from the date of this notice.

<<ProgramAdministratorName>>  
<<Program>> Program Administrator  
<<ProgramAddress>>  
<<CityStateZip>>

---

[ ] I wish to appeal.

I understand that by appealing, my case will be forwarded to the California Department of Social Services Legal Division and if I request a hearing, I will be allowed to present my case, with or without an attorney, to an Administrative Law Judge.

---

Applicant's Signature

---

Facility Number

# cbcb6.0 template 2

<<date>>

<<LicName>>

<<FacilityName - facility#>>

<<LicAddress>>

<<CityStateZip>>

This is to notify you that we have received information from the Department of Justice that <<subject>> has been convicted of a crime for which the Department cannot grant an exemption.

Without a criminal record clearance or an approved exemption << for subject>>, you cannot continue to be licensed. The Department has referred your license to the legal division for revocation. The legal division will inform you of your appeal rights.

You may refer to Health and Safety Code Section <<HSCode>> for a list of the crimes for which the Department is prohibited from granting an exemption. To obtain a copy of the criminal record history, the individual must contact the Department of Justice at: **The Department of Justice, Record Review Unit, P.O. Box 903417, Sacramento, California 94203-4170.**

If you have any questions regarding this notice, please contact the Regional Office at <<ROphone#>>.

Sincerely,

<<signature>>

<<title>>

<<date>>

Facility# <<FacNumber>>

ID# <<ID>>

Analyst <<Analyst#>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

## Non-Exemptible Conviction

We have received the criminal history information for <<subject>>. This individual is identified as either an employee, a volunteer, or a non-client resident of your facility. The criminal history information discloses that he/she has been convicted of a crime for which the Department is not permitted by law to grant an exemption. This means that the person may not be present in or have contact with clients of any community care facility.

**If this individual was allowed to work or be present in your facility because he/she had a criminal record clearance or exemption, you must immediately remove this individual from your facility.** Use the Confirmation of Removal form (LIC 300D) to confirm that you have removed this individual. This information has been sent to your licensing regional office. The licensing office will verify that the individual has been removed. If you are a licensee of a Family Child Care Home, you are also required to notify parents of children currently in care that this individual has been removed from your home. Use the enclosed Addendum To Notification of Parent's Rights (LIC 995B) for this purpose.

You may refer to Health and Safety Code Section <<HSCode>> for a list of the crimes for which the Department is prohibited from granting an exemption. To obtain a copy of the criminal record history, the individual must contact the **Department of Justice, Record Review Unit, P.O. Box 903417, Sacramento, California 94203-4170.**

The law prohibits the Department from granting an exemption in this matter. You or the individual may appeal this decision by submitting a written request and a copy of this notice, to **The Department of Social Services, 744 P Street, MS 19-62, Sacramento, CA 95814.** The request must be post marked no later than fifteen (15) days from the date of this notice.

Be advised that the Administrative Law Judge who handles the appeal is also prohibited by law from granting an exemption for the crime(s) in this case. Even if this decision is appealed, the individual may not continue having contact with clients of any licensed facility or certified family home during the appeal process.

If this decision is not appealed within fifteen (15) days from the date of this notice, the decision will be final. If you have any questions regarding this notice, you may write to the address above, attention analyst <<analyst#>> or you may call 888-422-5669.

---

**Note:** An exemption may be granted for individuals covered under Section 1522 of the Health and Safety Code who have been convicted of murder, voluntary manslaughter; mayhem; any felony punishable by death or life in prison, and any felony in which the individual inflicts great bodily injury on any person other than an accomplice which has been charged and proved as provided for in Section 12022.7 or 12022.9 on or after July 1, 1977, or as specified prior to July 1, 1977, in Sections 213, 264, and 461, or any felony in which the individual uses a firearm which use has been charged and proved in Section 12022.5 or 12022.55, if the employee or prospective employee has been rehabilitated as provided in Section 4852.03 of the Penal Code, has maintained the conduct required in Section 4852.05 of the Penal Code for at least 10 years, and has the recommendation of the district attorney representing the employee's county of residence, or if the employee or prospective employee has received a certificate of rehabilitation pursuant to Chapter 3.5 (commencing with Section 4852.01) of Title 6 of Part 3 of the Penal Code, or the individual has been convicted of second degree robbery and has obtained a certificate of rehabilitation. This limited exception to the list of non-exemptible crimes is a result of a Court Order issued on July 21, 2004, in the Glesmann v. Rita Saenz, Director of the Department of Social Services, et al. (San Francisco Superior Court Case Nos. CGC-02-403255 and CGC-02-407530) lawsuit. The Department has appealed the trial court's decision. If the decision is overturned, this exception may be terminated.

<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst#>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

## Non-Exemptible Conviction

We have received the criminal history information for <<subject>> from the Department of Justice. Our records indicate that this individual is associated with a foster home certified by your agency. The criminal history information discloses that he/she has been convicted of a crime for which the Department is not permitted by law to grant an exemption. This means that the individual cannot have children placed in his/her home or have contact with children of any other facility certified by your agency. **If children are currently in care, they must be removed immediately.**

This information has been sent to your licensing regional office. The licensing office will verify that children have been removed.

You may refer to Health and Safety Code Section <<HSCode>> for a list of the crimes for which the Department is prohibited from granting an exemption. To obtain a copy of the criminal record history, the individual must contact the **Department of Justice, Record Review Unit, P.O. Box 903417, Sacramento, California 94203-4170.**

The law prohibits the Department from granting an exemption in this matter. The Foster Family Agency or the individual may appeal this decision by submitting a written request and a copy of this notice to **The Department of Social Services, 744 P Street, MS 19-62, Sacramento, CA 95814.** The request must be post marked no later than fifteen (15) days from the date of this notice.

Be advised that the Administrative Law Judge who handles the appeal is also prohibited by law from granting an exemption for the crime(s) in this case. Even if this decision is appealed, the individual may not continue having contact with clients of any licensed facility or certified family home and may not have foster children placed in the home during the appeal process.

If this decision is not appealed within fifteen (15) days from the date of this notice, the decision will be final. If you have any questions regarding this notice, you may write to the address above, attention analyst <<analyst#>> or you may call 888-422-5669.

---

**Note:** An exemption may be granted for individuals covered under Section 1522 of the Health and Safety Code who have been convicted of murder, voluntary manslaughter, mayhem, any felony punishable by death or life in prison, and any felony in which the individual inflicts great bodily injury on any person other than an accomplice which has been charged and proved as provided for in Section 12022.7 or 12022.9 on or after July 1, 1977, or as specified prior to July 1, 1977, in Sections 213, 264, and 461, or any felony in which the individual uses a firearm which use has been charged and proved in Section 12022.5 or 12022.55, if the employee or prospective employee has been rehabilitated as provided in Section 4852.03 of the Penal Code, has maintained the conduct required in Section 4852.05 of the Penal Code for at least 10 years, and has the recommendation of the district attorney representing the employee's county of residence, or if the employee or prospective employee has received a certificate of rehabilitation pursuant to Chapter 3.5 (commencing with Section 4852.01) of Title 6 of Part 3 of the Penal Code, or the individual has been convicted of second degree robbery and has obtained a certificate of rehabilitation. This limited exception to the list of non-exemptible crimes is a result of a Court Order issued on July 21, 2004, in the Glesmann v. Rita Saenz, Director of the Department of Social Services, et al. (San Francisco Superior Court Case Nos. CGC-02-403255 and CGC-02-407530) lawsuit. The Department has appealed the trial court's decision. If the decision is overturned, this exception may be terminated.

<<date>>

Facility#      <<FacNumber>>  
ID#            <<ID>>  
Analyst       <<Analyst#>>

<<AppName>>  
<<AppAddress>>  
<<CityStateZip>>

## Non-Exemptible Conviction

We have received criminal history information concerning you. The information discloses that you have been convicted of a crime for which the Department cannot grant an exemption. **This means that you cannot work in, or have contact with clients of any community care facility.**

You may refer to Health and Safety Code Section <<HSCode>> for a list of the crimes for which the Department is prohibited from granting an exemption. To obtain a copy of your criminal record history, you must contact the **Department of Justice, Record Review Unit, P.O. Box 903417, Sacramento, California 94203-4170.**

The law prohibits the Department from granting an exemption in this matter. You may appeal this decision by submitting a written request and a copy of this notice to **The Department of Social Services, 744 P Street, MS 19-62, Sacramento, CA 95814.** The request must be post marked no later than fifteen (15) days from the date of this notice.

Be advised that the Administrative Law Judge who handles your appeal is also prohibited by law from granting an exemption for the crime(s) in this case. Even if this decision is appealed, you may not continue having contact with clients of any licensed facility or certified family home during the appeal process.

If this decision is not appealed within fifteen (15) days from the date of this notice, the decision will be final. If you have any questions regarding this notice, you may write to the address above, attention analyst <<analyst#>> or you may call 888-422-5669.

---

Note: An exemption may be granted for individuals covered under Section 1522 of the Health and Safety Code who have been convicted of murder, voluntary manslaughter; mayhem; any felony punishable by death or life in prison, and any felony in which the individual inflicts great bodily injury on any person other than an accomplice which has been charged and proved as provided for in Section 12022.7 or 12022.9 on or after July 1, 1977, or as specified prior to July 1, 1977, in Sections 213, 264, and 461, or any felony in which the individual uses a firearm which use has been charged and proved in Section 12022.5 or 12022.55, if the employee or prospective employee has been rehabilitated as provided in Section 4852.03 of the Penal Code, has maintained the conduct required in Section 4852.05 of the Penal Code for at least 10 years, and has the recommendation of the district attorney representing the employee's county of residence, or if the employee or prospective employee has received a certificate of rehabilitation pursuant to Chapter 3.5 (commencing with Section 4852.01) of Title 6 of Part 3 of the Penal Code, or the individual has been convicted of second degree robbery and has obtained a certificate of rehabilitation. This limited exception to the list of non-exemptible crimes is a result of a Court Order issued on July 21, 2004, in the Glesmann v. Rita Saenz, Director of the Department of Social Services, et al. (San Francisco Superior Court Case Nos. CGC-02-403255 and CGC-02-407530) lawsuit. The Department has appealed the trial court's decision. If the decision is overturned, this exception may be terminated.

<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

## Exemption Rescinded

This is to notify you that the criminal record exemption for <<subject>> has been rescinded. This means this individual **must be immediately removed from your facility** and cannot be present in or have contact with clients of any community care facility. Use the Confirmation of Removal form (LIC 300C) to confirm that you have removed this individual.

This individual failed to comply with the conditions of his/her exemption. An exemption remains valid provided the individual does not engage in conduct that is inconsistent with the rules, regulations and laws pertaining to community care facilities. The individual's subsequent conduct violates that condition and, as a result, the exemption is rescinded. If you are a licensee of a Family Child Care Home, you are also required to notify parents of children currently in care that this individual has been removed from your home. Use the enclosed Addendum To Notification of Parent's Rights (LIC 995B) for this purpose.

You or the individual may appeal this decision by submitting a written request to the address above, attention analyst <<analyst>>. The request must be post marked no later than fifteen (15) days from the date of this notice. If this decision is not appealed within fifteen (15) days from the date of this notice, the rescission will be final. If you or the individual choose to appeal, the case will be forwarded to the California Department of Social Services Legal Division. **The legal division will contact you and provide you with information about the appeal. If an Administrative Hearing is scheduled, the individual will be allowed to present his/her case, with or without an attorney, to an Administrative Law Judge.**

If you have any questions regarding this notice you may write to the address above, attention analyst <<analyst>> or you may call 888-422-5669.

c: <<RO>>

<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

## Exemption Rescinded

This is to notify you that the criminal record exemption for <<subject>> has been rescinded.

This individual failed to comply with the conditions of his/her exemption. An exemption remains valid provided the individual does not engage in conduct that is inconsistent with the rules, regulations and laws pertaining to community care facilities. The individual's subsequent conduct violates that condition and, as a result, the exemption is rescinded.

Your agency may appeal this decision by submitting a written request to the address above, attention analyst <<analyst>>. The request must be post marked no later than fifteen (15) days from the date of this notice. If the decision is appealed, the individual may continue to have children placed in the certified home. **If this decision is not appealed within fifteen (15) days from the date of this notice, the rescission will be final and children must be removed from the home.**

If you choose to appeal, the case will be forwarded to the California Department of Social Services Legal Division. The legal division will contact you and provide you with information about the appeal. If an Administrative Hearing is scheduled, the individual will be allowed to present his/her case, with or without an attorney, to an Administrative Law Judge.

If you have any questions regarding this notice you may write to the address above, attention analyst <<analyst>> or you may call 888-422-5669.

c: <<RO>>



<<date>>

Facility#      <<FacNumber>>  
ID#            <<ID>>  
Analyst       <<Analyst>>

<<LicName>>  
<<LicAddress>>  
<<CityStateZip>>

## Exemption Rescinded

This is to notify you that the criminal record exemption for <<subject>> has been rescinded. A secondary review has determined that the information submitted with the individual's exemption request did not have substantial and convincing evidence that the person is of good character. This means that the individual must be **immediately removed from the facility** and cannot be present in or have contact with clients of any community care facility. Use the Confirmation of Removal form (LIC 330C) to confirm that you have removed this individual. If you are a licensee of a Family Child Care Home, you are also required to notify parents of children currently in care that this individual has been removed from your home. Use the enclosed Addendum To Notification of Parent's Rights (LIC 995B) for this purpose.

You or the individual may appeal this decision by submitting a written request to the address above, attention analyst <<analyst>>. The request must be post marked no later than fifteen (15) days from the date of this notice. If this decision is not appealed within fifteen (15) days from the date of this notice, the rescission will be final. If you or the individual choose to appeal, the case will be forwarded to the California Department of Social Services Legal Division. **The legal division will contact you and provide you with information about the appeal. If an Administrative Hearing is scheduled, the individual will be allowed to present his/her case, with or without an attorney, to an Administrative Law Judge.**

If you have any questions regarding this notice you may write to the address above, attention analyst <<analyst>> or you may call 888-422-5669.

<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst>>

<<AppName>>

<<AppAddress>>

<<CityStateZip>>

## Exemption Rescinded

This is to notify you that your criminal record exemption has been rescinded. A secondary review has determined that the information submitted with your exemption request did not have substantial and convincing evidence of good character. This means that you cannot be present in or have contact with clients of any community care facility. If you are a licensee of a Family Child Care Home, you are also required to notify parents of children currently in care that this individual has been excluded from your home. Use the enclosed Addendum To Notification of Parent's Rights (LIC 995B) for this purpose.

You may appeal this decision by submitting a written request within to the address above, attention analyst <<analyst>>. The request must be post marked no later than fifteen (15) days from the date of this notice. If this decision is not appealed within fifteen (15) days from the date of this notice, the rescission will be final.

If you choose to appeal, your case will be forwarded to the California Department of Social Services Legal Division. The legal division will contact you and provide you with information about the appeal. If an Administrative Hearing is scheduled, you will be allowed to present your case, with or without an attorney, to an Administrative Law Judge.

If you have any questions regarding this notice you may write to the address above, attention analyst <<analyst>> or you may call 888-422-5669.

<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

## Exemption Rescinded

This is to notify you that your current request for a criminal record exemption for <<subject>> has been denied and the prior exemption for this individual has been rescinded. This means that the individual must be **immediately removed from the facility** and cannot be present in or have contact with clients of any community care facility. Use the Confirmation of Removal form (LIC 300C) to confirm that you have removed the individual.

This individual failed to comply with the conditions of his/her exemption. An exemption remains valid provided the individual does not engage in conduct that is inconsistent with the rules, regulations and laws pertaining to community care facilities. The individual's subsequent conduct violates that condition and as a result the exemption is rescinded.

If you are a licensee of a Family Child Care Home, you are also required to notify parents of children currently in care that this individual has been removed from your home. Use the enclosed Addendum To Notification of Parent's Rights (LIC 995B) for this purpose.

You or the individual may appeal this decision by submitting a written request to the address above, attention analyst <<analyst>>. The request must be post marked no later than fifteen (15) days from the date of this notice. If this decision is not appealed within fifteen (15) days from the date of this notice, the rescission will be final.

If you or the individual choose to appeal, the case will be forwarded to the California Department of Social Services Division. The legal division will contact you and provide you with information about the appeal. If an Administrative Hearing is scheduled, the individual will be allowed to present his/her case, with or without an attorney, to an Administrative Law Judge.

If you have any questions regarding this notice you may write to the address above, attention analyst <<analyst>> or you may call 888-422-5669.

<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst#>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

## Case Closure

This notice is to inform you that the Department has ceased processing the background check for <<subject>> and has closed the case.

You were previously sent a notice informing you that this individual did not receive a criminal record clearance. The notice stated that in order for this individual to work or be present in your facility, he/she must have a criminal record exemption. The notice further explained how to request an exemption for this individual. You did not request an exemption or did not submit all the information within the specified time frame.

**If this individual was allowed to work or be present in your facility because he/she had a criminal record clearance, you must immediately remove this individual** from your facility and prevent him/her from having contact with clients. If you are a licensee of a Family Child Care Home, you are also required to notify parents of children currently in care that this individual has been removed from your home. Use the enclosed Addendum To Notification of Parent's Rights (LIC 995B) for this purpose.

If you have any questions regarding this notice, you may write to the Caregiver Background Check Bureau at the address above, attention <<analyst>> or you may call 888-422-5669.

<<Date>>

Identification Number:<<Id #>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

## **Case Closure Background Check Processing Stopped**

This notice is to inform you that the Department has stopped processing the background check for <<subject>> and closed his/her file.

We have stopped processing his/her background check because we received information from the Department of Justice which indicates that he/she is awaiting trial for a crime. The California Health and Safety Code permits the Department to stop processing a background check when an individual is awaiting trial for a crime other than a minor traffic violation.

This individual may resubmit his/her fingerprints when all criminal proceedings have concluded. If his/her criminal history includes convictions, you will have to request a criminal record exemption for this individual and the exemption must be approved before he/she may work, reside or, if he/she is a volunteer, be present in your licensed facility. Information on how to request an exemption will be provided to you at that time.

If you have any questions regarding this notice, you may write to the address above or you may call 888-422-5669.

<<Date>>

Identification Number:<<Id #>>

<<ApplicantName>>

<<ApplicantAddress>>

<<CityStateZip>>

## **Case Closure Background Check Processing Stopped**

This notice is to inform you that the Department has stopped processing your background check and closed your file.

We have stopped processing your background check because we received information from the Department of Justice which indicates that you are awaiting trial for a crime. The California Health and Safety Code permits the Department to stop processing a background check when an individual is awaiting trial for a crime other than a minor traffic violation.

You may resubmit your fingerprints when all criminal proceedings have concluded. If your criminal history includes convictions, you will have to obtain a criminal record exemption before working, residing or, if you are a volunteer, presence in a licensed facility. Information on how to request an exemption will be provided to you at that time.

If you have any questions regarding this notice, you may write to the address above or you may call 888-422-5669.

<date>>

Facility#      <<FacNumber>>  
ID#            <<ID>>  
Analyst        <<Analyst>>

TO:            <<Regional Office Manager>>  
                <<RO#>>  
                <<LPA#>>

FROM:        Caregiver Background Check Bureau  
                MS 19-62

SUBJECT:    No Response from <<subject>>

This notice is to inform you that the individual identified above has not responded to the letter CBCB sent telling him/her that a criminal record exemption is needed. The individual was given thirty (30) days from the date of the letter to respond and submit all the documents requested.

If you have any knowledge of the individual's intent to pursue an exemption, please advise us by <<date10days>>. If we do not hear from you or the applicant/licensee by this date, the exemption will be denied based on the individual's failure to provide the requested documents. If you have any questions regarding this notice, please call analyst <<analyst>> at (916) <<phonenumber>>.

Thank you for your assistance.

<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst>>

TO: <<Regional Office Manager>>

<<RO#>>

<<LPA#>>

FROM: Caregiver Background Check Bureau  
MS 19-62

SUBJECT: Case Closure <<subject>>

This notice is to inform you that the individual identified above is now inactive on LIS.

In response to an exemption needed letter, the applicant/licensee informed us that the individual is no longer associated with the facility. Therefore, we are closing the exemption case on the CBC system and the individual's status on LIS will become inactive.

If you have any questions regarding this notice, you may call <<analyst>> at the Caregiver Background Check Bureau (916) 274-6200.

Thank you for your assistance.



<<date>>

## ACKNOWLEDGEMENT OF APPEAL

To: <<subject>> Identification No. <<ID#>>

<<FacName>>

<<Subject's Home Address>>  
<<CityStateZip>>

This letter acknowledges receipt of your appeal on <<user data 1>>. Our legal division will contact you to provide information about your appeal.

If you were ordered not to be present in a licensed facility, you may not have contact with clients or be present in any licensed facility during the appeal.

c: <<Regional Office #>>  
<<LPA #>>

<<date>>

Subject: <<Subject>>  
DOB: <<dob>>  
ID Number: <<IDnumber>>

<<LicName>>  
<<LicAddress>>  
<<CityStateZip>>

Your request for a criminal record exemption is incomplete. All information necessary to request an exemption were outlined in a letter sent to you dated <<user data 1>>. The information checked below is still needed.

Please submit the information by <<user data 2>> to the address in the letterhead above. If this information is not submitted by this date, the exemption case will be closed and the individual identified above will not be allowed to work or be present in your facility.

- ☐ A written request for an exemption from the licensee.
- ☐ A description of how or in what capacity the individual is/will be associated with the facility.
- ☐ A copy of the individual's Criminal Record Statement (LIC 508) and any additional statements regarding his/her criminal record that the individual may have written or signed.
- ☐ A letter signed by the individual describing the events surrounding each conviction including approximate date(s); what happened and why; how it happened; and any other information about the crime. It must also, describe what he/she has done since the conviction to prevent him/her from being involved in this type of activity again. The Caregiver Background Check Bureau may compare the individual's statement with the LIC 508, police reports and court documents.
- ☐ Documentation (Minute Order, Judgment of Conviction or a letter from the Probation Department) that the individual's current or last period of probation was informal.
- ☐ Written verification of any training, classes, courses, treatment or counseling sessions completed.
- ☐ <<user data 3>> signed character reference statement(s) on a reference request form (LIC 301E) on behalf of the individual. Reference statements must be current and cannot be from relatives or family members of the individual, employees or clients associated with your facility.
- ☐ The complete, current mailing address and telephone number of the individual.
- ☐ Certified copy of the individual's arrest report.
- ☐ Certified copy of the individual's Judgment of Conviction.
- ☐ Other: \_\_\_\_\_

If you have any questions regarding this notice, you may write to the address above, attention analyst <<analyst>> or you may call 888-422-5669.

Date:

«LicenseeName»  
«Address»  
«CityStateZip»

Subject Name: «SubjectName»  
Identification #: «SubjectID»  
Facility #: «FacilityID»

**\*\*\*\* EXEMPTION TRANSFER REQUEST NEEDED \*\*\*\***

The individual identified above has either submitted fingerprints or has requested that their criminal record exemption be transferred to your licensed facility. If you wish to have this individual associated to your facility, you must submit the information checked below within **15 days from the date of this notice.**

- 1 ☐ A Criminal Record Exemption Transfer Request (LIC 9188). The licensee, director, or administrator must sign this request. Please be sure the form is completely filled out.
- 2 ☐ A copy of the job description or a letter detailing how this individual will be associated to your licensed facility.
- 3 ☐ A copy of the individual's California Driver's License or a valid photo identification issued by another state government agency.
- 4 ☐ Other: «Other»  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you do not submit the requested information within the 15 days from the date of this notice, this individual will be DISSASSOCIATED from your licensed facility and will not be allowed to work, reside or have contact with clients in care.**

Please fax this information to (916) 274-6205 or mail it to the address above, attention **Analyst #\_\_**. **Include a copy of this notice with the items.** If you have any questions regarding the exemption transfer, you may phone the assigned analyst at 888-422-5669.

<<date>>

ID#  
Analyst

<<ID>>  
<<Analyst>>

<<user data 1>>

<<user data 2>>

<<user data 3>>

## Request for Certified Documents

### Attention: Criminal Records Division

The State Department of Social Services, Community Care Licensing Division is conducting a criminal background investigation of the individual identified below. The State Department of Social Services is mandated by statute (Health and Safety Code, Sections 1522, 1568.09, 1569.17 and 1596.871) to conduct a criminal background review of license applicants, employees, specific volunteers and any adult who resides in a licensed care facility.

Department of Justice records indicate that the individual identified below has a criminal history that involves your agency. Please assist this department by providing certified documents such as arrest, complaint and investigation reports, judgments of convictions, probation/parole reports and any other information relating to the individual identified below. Your cooperation and speedy response is appreciated.

*Please return this letter with your response.*

Subject: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
AKA(S): \_\_\_\_\_  
☐ Judgment of Conviction, Court #: \_\_\_\_\_  
☐ Arrest Report #: \_\_\_\_\_  
  
Current Disposition: ☐ Convicted ☐ Dismissed ☐ Other  
☐ Felony ☐ Misdemeanor ☐ Diverted and Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your assistance in this matter. If you have any questions, please call analyst <<analyst#>> at (916) 274-6200.

- 1 Per California Evidence Code, Section 1531, a certified document must have a stamp or seal or a certification on letterhead that the documents are true and correct copies. If your office does not have a certification stamp or seal or a document as described above, please use the enclosed declaration form for each document

## **NOTICE OF INVESTIGATION**

### **Community Care Licensing - Employee**

Facility Number <<Facility Number>>

Identification Number: <<Identification Number>>

<<Name>>

<<Address>>

<<City State Zip>>

This letter confirms our telephone conversation in which you were informed that the California Department of Social Services **will conduct a background investigation** based on information it has received from the Department of Justice.

In the telephone conversation, you were given the opportunity to discuss the nature of the investigation and were told that you may provide the Department with any information that you believe is relevant to the investigation or that shows you are qualified to work or be present in a licensed facility. You were informed that the Department will use all information received in reaching a decision regarding your continued presence or employment in a licensed community care facility.

If the Department's investigation determines that you must be removed from the facility, you and the licensee will be provided with a letter informing you of the decision. The letter will also provide you with information on how to appeal the Department's decision.

If you would like to submit additional information relevant to the investigation, please submit the information **within fifteen (15) days** of the date of this letter to the address above. The Department will continue its background investigation whether or not you submit further information.

If you have any questions, please call <<analyst>> at <<telephone #>>.

**NOTICE OF INVESTIGATION**  
**Community Care Licensing - Employee**

Facility Number: << Facility Number>>

Identification Number: <<Identification Number>>

<<Name>>

<<Address>>

<<City State Zip>>

This letter is to notify you that the California Department of Social Services **will conduct a background investigation** based on information received from the Department of Justice. You may contact the Background Information and Review Section at the telephone number below to discuss the nature of the investigation.

If you wish, you may provide written information that you believe is relevant to the investigation or that shows you are qualified to be work or be present in a licensed facility. The Department will use all information received in reaching a decision regarding your employment or presence in a facility.

If the Department's investigation determines that you must be removed from the facility, you and the licensee will be provided with a letter informing you of the decision. The letter will also provide you with information on how to appeal the Department's decision.

The Department will continue its background investigation whether or not you submit further information. Any written information must be submitted **within fifteen (15) days** of the date of this letter to the address specified above.

If you have any questions, please call <<analyst>> at <<telephone #>>.

**NOTICE OF INVESTIGATION**  
**Community Care Licensing - Applicant/Licensee**

Facility Number: << Facility Number>>

Identification Number: <<Identification Number>>

<<Name>>

<<Address>>

<<City State Zip>>

This letter confirms our telephone conversation in which you were informed that the California Department of Social Services **will conduct a background investigation** based on information it has received from the Department of Justice.

In the telephone conversation, you were given the opportunity to discuss the nature of the investigation and were told that you may provide the Department with any information that you believe is relevant to the investigation or that shows you are qualified to be a community care facility licensee. You were informed that the Department will use all information received in reaching a decision regarding your community care facility application or license.

If you would like to submit additional information relevant to the investigation, please submit the information **within fifteen (15) days** of the date of this letter to the address specified above. The Department will continue its background investigation whether or not you submit further information.

If you have any questions, please call <<analyst>> at <<telephone #>>.

**NOTICE OF INVESTIGATION**  
**Community Care Licensing - Applicant/Licensee**

Facility Number: << Facility Number>>

Identification Number: <<Identification Number>>

<<Name>>

<<Address>>

<<City State Zip>>

This letter is to notify you that the California Department of Social Services **will conduct a background investigation** based on information received from the Department of Justice. You may contact the Background Information and Review Section at the telephone number below to discuss the nature of the investigation.

If you wish, you may provide written information that you believe is relevant to the investigation or that shows you are qualified to be a community care facility licensee. Any written information must be submitted **within fifteen (15) days** of the date of this letter to the address specified above.

The Department will use all information received in reaching a decision regarding your community care facility application or license. The Department will continue its background investigation whether or not you submit further information.

If you have any questions, please call <<analyst>> at <<telephone number>>.



## **NOTICE OF CHILD ABUSE INVESTIGATION**

### **Community Care Licensing**

Facility Number: <<Facility Number>>

Identification Number: <<Identification Number>>

<<Name>>

<<Address>>

<<City State Zip>>

This letter is to notify you that we have received information from the Department of Justice that there is a possible match of your name on a report in the Child Abuse Central Index filed by <<reporting agency>> on <<report date>>. The Department **will conduct an investigation** to determine your involvement, if any.

If you are the person named in the report, please respond by submitting a written explanation regarding the incident. Please submit your written response and a copy of this letter, **within thirty (30) days** of the date of this letter, to the address specified above.

The Department will conduct the investigation whether or not you submit further information. The Department will use all information received in reaching a decision.

If you are not the person cited in the report and wish to challenge the completeness or accuracy of the report, contact the reporting agency.

If you have any questions, please call <<analyst>> at <<telephone #>>.

# FCCH Template 1 - Non-exemptible

<<date>>

<<LicName>>

<<FacilityName – facility#>>

<<LicAddress>>

<<CityStateZip>>

This is to notify you that we have received information that <<Subject>> has been convicted of a crime for which the Department cannot grant an exemption. Effective immediately <<Subject>>, may not be present in your home at any time children are in care. You are also required to notify parents of children in care that <<Subject>> may not be present in your home at any time children are in care. Use the enclosed Addendum To Notification of Parent's Rights (LIC995B) for this purpose.

The Department has referred your license to the Legal Division for revocation. The Legal Division will inform you of your appeal rights.

You may refer to Health and Safety Code Section <<HSCode>> for a list of the crimes for which the Department is prohibited from granting an exemption. To obtain a copy of the criminal record history, the individual must contact the Department of Justice at:

**The Department of Justice  
Record Review Unit  
P.O. Box 903417  
Sacramento, California  
94203-4170**

If you have any questions regarding this notice, please contact the Regional Office at <<RO/County phone#>>.

Sincerely,

<<signature>>

<<title>>

c: Caregiver Background Check Bureau (For RO only)

# FCCH Template 2 - Felony/Serious Misdemeanor

<<date>>

<<LicName>>

<<FacilityName – facility#>>

<<LicAddress>>

<<CityStateZip>>

This is to notify you that we have received information that <<Subject>> has been convicted of a crime. This means that <<Subject>> no longer has a criminal record clearance.

Due to the nature of the criminal history information, effectively immediately, <<Subject>> may not be present in your home at any time children are in care. You are also required to notify parents of children currently in care that <<Subject>> has been removed from your home while children are in care. Use the enclosed Addendum To Notification of Parent's Rights (LIC995B) for this purpose.

You will receive a letter from the Department's Caregiver Background Check Bureau advising you of the requirements for requesting a criminal record exemption. If you do not request an exemption for this individual, your license will be referred to the Legal Division for revocation.

If you have questions regarding this notice, please contact the Regional Office at <<ROphone#>>.

Sincerely,

<<signature>>

<<title>>

c: Caregiver Background Check Bureau

# FCCH County Template #2 - Felony/Serious Misdemeanor

<<date>>

<<FacNumber>>

<<ID>>

<<Analyst Name>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

## **IMMEDIATE ACTION REQUIRED** **Criminal Record Exemption Needed for <<Subject>>**

This is to notify you that we have received information that <<Subject>> has been convicted of a crime. This means that <<Subject>> no longer has a criminal record clearance.

Due to the nature of the criminal history information, effectively immediately, <<Subject>> may not be present in your home at any time children are in care. You are also required to notify parents of children currently in care that <<Subject>> has been removed from your home while children are in care. Use the enclosed Addendum To Notification of Parent's Rights (LIC995B) for this purpose.

You must request a criminal record exemption for this individual if you wish to remain licensed.

You must notify us of your decision **within forty-five (45) days** of the date of this letter by completing and returning page two to the address above. If we do not receive your response within forty-five (45) days, we will refer your license to the California Department of Social Services Legal Division for revocation. If you request an exemption, it may take at least seventy-five (75) days to process.

Please be aware that criminal record exemptions are public information. Upon request, the Department will release the name of anyone with a criminal record exemption and the name of the facility where the person works or lives.

**The individual may obtain a copy of his/her criminal record by writing to:**

**The Department of Justice  
Record Review Unit  
P.O. Box 903417  
Sacramento, California  
94203-4170**

If you have any questions regarding this notice, please write to the address above, or call <<analyst name>> at <<analyst phone number>>.

Sincerely,

<<signature>>

<<title>>

# FCCH County Template #2 - Felony/Serious Misdemeanor

Page 2 of 2

<<Subject Name>>

<<FacNumber>>

<<Analyst Name>>

☐ YES – I request an exemption on behalf of the individual named above.

**Please attach and send the following information to the address noted on page one within forty-five (45) days of the date of this letter. If you do not send all of the items listed, the individual's file may be closed and he/she cannot work or be present in your facility.**

1. A description of how or in what capacity the individual is/will be associated with your facility.
2. A copy of the individual's Criminal Record Statement (LIC508), that the individual was required to fill out prior to employment or presence with your facility, and any additional statements regarding his/her criminal record that the individual may have written or signed.
3. A letter signed by the individual describing the events surrounding each conviction including approximate date(s); what happened and why; how it happened; and any other information about the crime. It must also, describe what he/she has done since the conviction to prevent him/her from being involved in this type of activity again. The Caregiver Background Check Bureau may compare the individual's statement with the LIC508, police reports and court documents.
4. Documentation (Minute Order, Judgment of Conviction or a letter from the Probation Department) that the individual's current or last period of probation was informal.
5. Written verification of any training, classes, courses, drug/alcohol treatment or counseling sessions completed.
6. Three (3) signed character reference statements on behalf of the individual. Reference statements must be on a reference request form (LIC301E). A copy is attached. You may photocopy the form or obtain more copies from the CCLD website at [http://www.dss.cahwnet.gov/cdssweb/On-lineFor\\_293.htm#](http://www.dss.cahwnet.gov/cdssweb/On-lineFor_293.htm#). Reference statements must be current and cannot be from relatives or family members of the individual, employees or clients associated with your facility.
7. The complete, current mailing address and telephone number of the individual. The individual must notify the Department within five (5) days of any change.

☐ NO – I do not request an exemption for the individual named above, ID# <<ID>>. This individual's employment or residency was terminated on \_\_\_\_\_. Please disassociate this individual from my facility.

---

Please return this page within forty-five (45) days from the date of this notice.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

(\_\_\_\_\_)\_\_\_\_\_  
Telephone Number